		-	
piedse exe-	g" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be		l os o buriol-tronsit permit. File pages I and 2 with the registrar prior to buriol, crematian,
necessory,	Foge		or to buriol
y deloy is	eral dire	our file.	gistrar prio
CIII. 11 OIL	to the fun	sined for y	vith the reg
נז סוובו חם	1, 2, and 3	noy be reto	1 and 2 v
1111 44 POU	ive Poges	Poge 5 n	File poges
TOTAL MILL	em 18. G	form PM3.	it permit.
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חומ שונים	g in g	o ejiji	osof

VS. A15ME(5) 5M 9/55

#### tem 18 Film 243 8-12-39 STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05160 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) 1Y.10M. 3D. Mc Lean d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Sheppard Pratt YES NO NAME OF First Middle 4. DATE Last Month Day Year DECEASED NANCY ANN ABELL May 59 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Female White WIDOWED [ DIVORCED 25 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington, D. C. none U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Capt. Harry Sanderson Abell Elizabeth Marie Palmer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Mother - 924 25th. St. N.W. Wash. 7.D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Central nervous system convulsive disorder IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES PA NO [ 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o. m. factory, street, office bldg., etc.) Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection . deoth resulted from: Notural causes , Accident , Suicide . Homicide , Undetermined couse DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER TO 5/123/59 EXAMINER'S William V. Lovitt, Jr., M.D. NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b, DATE THEREOF EMOVAL (Specify) 5/27/59 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Arlington National Cem. Fort Myer. Virginia. Biria 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR MAY 2 7 '59 avilur & King

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	British water strates and an			
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3 3 3	.D., corecina		· ·	Limit experien
		CENTROLOGICA CONTRACTOR		
				ALTER .
			NEW COMPANY	
		THE STATE OF STATE OF		

ON A FARM?

YES NO

Year

19

INTERVAL BETWEEN ONSET AND DEATH

(Stote)

(Stote)

(County)

arthur S. Kings

MAY 8

DATE

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VS A15 (4) 15M 9/5B

THATORO STADISTINATION TO #31 The state of state of ministration at 12 - afilternie STORTAL MERCAL termined the desired the bearing the bearing the contract and source while the Christine Allore This is only the blimber's a large at the THE PROPERTY OF FRANK FOR FRANKE Fred To a Chamber LETTER AND WAS TO SEE THE SEE with Muritage February Codes Establish man & Polling Sam TO VENEZO AS ASTA SECTION 10/2 - 19 12/2013 2 - 5/2/ The state of the s to the second that the feet with the test of the feet of the feet

# HEALTH DEPT.

in recessory, please of resctor. Page our files. Board of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the castistate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be a pried to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FuneRAL Directors: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

4 should be TO FUNERAL D: VS. A15ME 5M 2/57

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

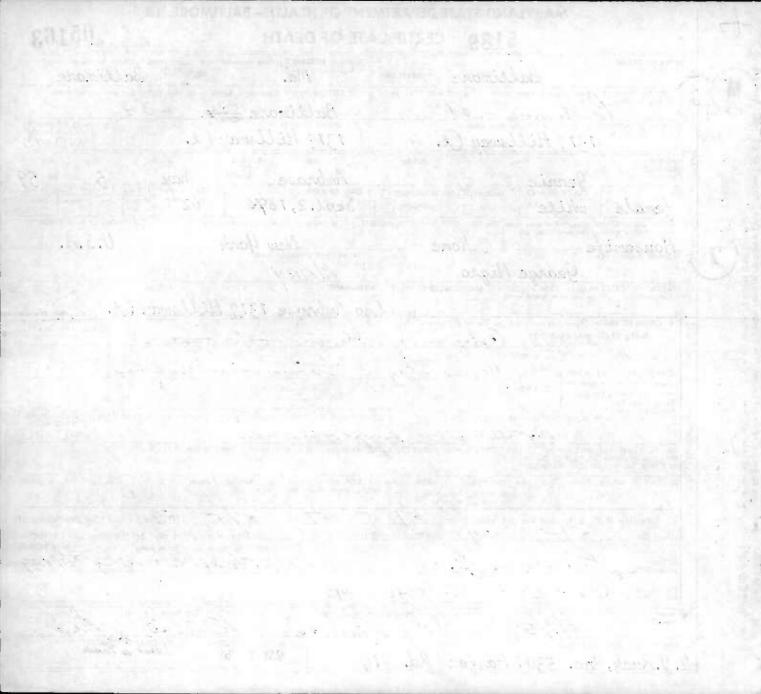
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

- 05162 Rea. Dist. No

1. PLACE OF DEATH COUNTY Bal	timore	518	MARYLAND	2. USUAL RESIDENCE ( o. STATE New Y		ved. If institution b. COUNTY	: Residence be	fore admission)
b. CITY OR TOWN and give negress to	Itt outside corporate kimits, writ	te RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		e limits, write RUI	RAL and give n	earest town)
Cha				Tarry	town	69x	( 3	
d. NAME OF HOSP	ITAL OR INSTITUTION	(If not in hos	pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
Rur	al			29 Warren	Avenue			YES NO
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE	Month	Day	Yeor
(Type or print)	c <sup>LA]</sup>	IRE	CAHILL	ALEXANDER	DEATH	Mav	12	1959
5. SEX	6. COLOR OR RACE	7. MARRI	ED MEVER MARRIED 8	DATE OF BIRTH	9. 4	GE (In years IF		IF UNDER 24 HA
M	W	WIDOWE	DIVORCED	Dec. 3, 19.	12 56	46 yrs. M	onths Days	Hours Min.
00. USUAL OCCUPAT	ION (Give kind of work king life, even if retired)	done 10b.	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stot	e or foreign count	γ) .	12. CITIZEN O	F WHAT COUNTE
Research	Manager		Chemical Co	Dayton	n, Ohio		U.	S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	John I	. Ale	xander	Florence	e E. Ear	ly		
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. M	NFORMANT		Address		
		5	38-24-6927 Va	anderbilt Fi	uneral H	ome, Tari	rytown.	N.Y.
Conditions, if gove rise to imm (o), stoting the cause fost.	underlying DUE TO	)	ONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERA	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(o) 1	9, WAS AUTOPS
Š								PERFORMED?
PART II. O	AUSE WAS ONTRIBUTING   20		e how injury occurred. (E Airplane	crash				
20c. TIME OF INJ			INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, far	m, 20f. (City or t	own)	(County)	(State)
5:15 P. m	19	While of wo	INOT WHITE	r over farm	Chase		Balto.	Md.
21. I certify	that I taak charge	e of the	remains described aba	ve, held an Autop	sy 🕱, Inspe	ction [], I	Inquiry [	, and in m
apinion death	n resulted fram:	Natural d	causes . Accident	, Suicide ,	Hamicide [	. Undetermi	ined manne	r 🗆
4	ma							
ACTUAL SIGNATURE	1010	Da	Nrs .	M.D. CHIEF MEDICAL E	EXAMINER [		1	DATE SIGNED
				ASSISTANT MEDIC	CAL EXAMINER	/ /	The	150
EXAMINER'S NAME (Type)	M.B. Davis	M.D		DEPUTY MEDICAL	EXAMINER 2		1/1/	19
220. BURIAL, CREMAT REMOVAL (Specif	ION, 226. DATE THEREC		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	(City, town, or co	ounty)	(Stote)
REMOVAL	5-14-59	)	Sleepy Holl	ow Cemetery	Tar	rytown.	N.Y	
3. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	240. REC	D BY REGISTRAR			E
William (	Cook, Inc,,	1217	St. Paul Str	eet DATMA	Y 1 5 '59	Catha	84	

court in the passage and the same entity I other hove the St. of the Carry to CARRY AND DESCRIPTION OF STREET The second period at the monage of the second to the second to 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

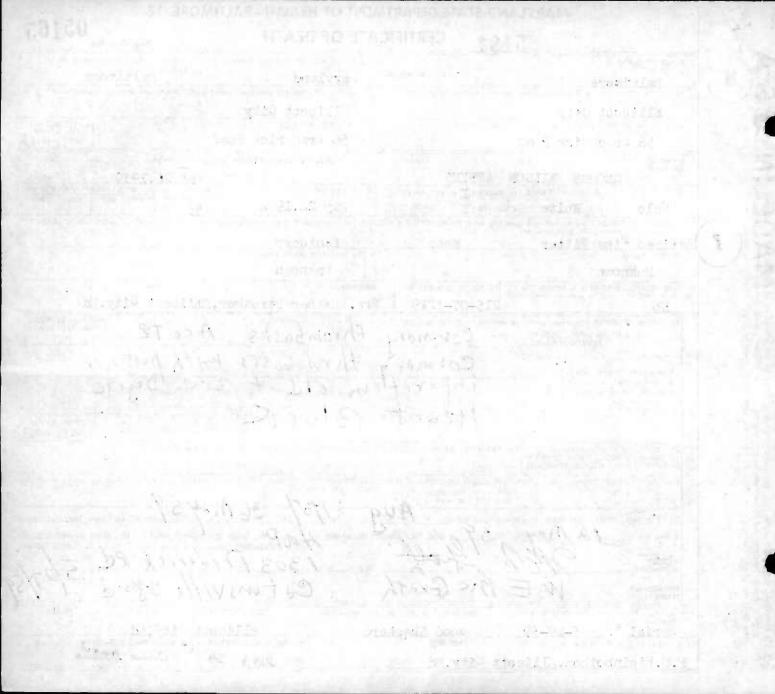
Reg. Dist. N. 5164 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Bal to. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Yeor 19 50 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? Birch Drive INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO D (County) (State) that I last saw the deceased DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Woodlawn, Md 24b. REGISTRAR'S SIGNATURE Christury & Trans

VS A1S (4) 1SM 9/SB M

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18

5191 CERTIFICATE OF DEATH

010					
1. PLACE OF DEATH o. COUNTY  Raltimore	MARYLAND	2. USUAL RESIDENCE (When STATE Maryland	ere deceased lived. If institu b. COUNT		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Ellicott City	c. LENGTH OF STAY IN 1b		tside carporate limits, write	RURAL and give nea	irest tawn)
d. NAME OF HOSPITAL (if not in hospital, give street of National Control of the c	oddress)	/d. STREET ADDRESS 56 Frederic			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GEORGE WILSON A	Middle TKINS	5 Costil rede	4 DATE Road Mo	6.1959	y Year
S. SEX 6. COLOR OR RACE 7. MARRI	ED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	Manths Days	IF UNDER 24 HRS Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during mast af warking life, even if retired)					WHAT COUNTRY?
Retired Pipe Fitter	None	Kentucky  14. MOTHER'S MAIDEN N	AMF		
Unknown		Unknown	NATION AND ADDRESS OF THE PARTY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. ! (Yes, no, or unknown)   (If yes, give war or dates of service)		rs. Esther St		dress tt <sup>C</sup> ity, M	d
Canditians, if any, which gave rise to immediate cause (a), stating the under.  Iying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS C	of the property BUT	on old	+ 3rd	Dagrie  VEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO N
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II af item 18.)		125 100
20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m., p. m. 19 While at wark	Nat while fac	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)		(Caunty)	(State
21. I certify that I attended the decease alive an 12 May 195	0 0	accurred at fur P	M, fram the causes a		
ACTUAL SIGNATURE	Arty	M.D. 1303	Fredario	KRC	5/25/
PHYSICIAN'S NAME (Type)	nc Greth	Cet	-ons Villa	afind	1 1/
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 5-29-59	Good Shepher	d	22d. LOCATION (City, town Ellicott Cit	y Md	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		The state of the s	SISTRAR'S SIGNATUI	
F.C. higiphothom, Ellicott	Criter Mri	DATE -	IN 1 '59	inclinate at Ferre	Mark.



# HEALTH DEPT al director. Page director. Page differentials.

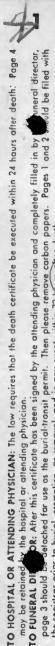
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is n execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be if raded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, crematian, ar remayal, and in any event within 72 hours after death. 4 should be i VS. ATSME \$M 2/57

FOR STATE

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

						Keg. Dist. I	10.
1. PLACE OF DEATH Baltimore 5192	MARYLAND	2. USUAL RES		here deceased	b. COUNT		pefore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	TH OF STAY IN 16	c. CITY OF	TOWN (If	autside carpo	rate limits, write	RURAL and give	nearest town)
	27 dys	Balt	timore		31	VO1-4	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	street oddress)	d. STREET					e. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HOSPITAL		1735	East	Baltim	ore Stre	eet	YES NO
3. NAME OF DECEASED (Type or print) Binnie	Middle Aue:	rbach		4. DATE OF DEATH	Month Ma		19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEV	VER MARRIED 3.	DATE OF BIRTH	1	9	. AGE (In years last birthday)	IF UNDER TYEA	R IF UNDER 24 HRS.
female white widowed	DIVORCED [	Nov. 1.	1901		57 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BL during most of working life, even if retired)	USINESS OR INDUSTR	Y 11. BIRTHPL	ACE (Stote	ar fareign cou	intry)	12. CITIZEN	OF WHAT COUNTRY?
	ery facto	m R	ussia			Russ	sia -
13. FATHER'S NAME		14. MOTHER'S		IAME			
Berish Aberbuch		37.13	Unkno	own			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. IN	FORMANT			Address		
unknown Unknown Unknow	m Re	cords:	SPRIM	NG GRO	VE STA	TE HOST	ITAL
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b),				35		IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cerebral	hemor rha	ge		DOM: NO		Or	ISET AND DEATH
331X IMMEDIATE CAUSE (6)							
DUE TO Arterios	clerosis	with hy	nerte	nsion			
Conomons, it only, which	orer opm	err our 113	ber eer	HOTOH			
gove rise to immediate cause ( (a), stating the underlying DUE TO							
cause lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19, WAS AUTOPSY PERFORMED?
<b>E</b>							YES INO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	JURY OCCURRED. (E	nter nature of i	ijury in Part	for Part 11 o	f item 18.)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC	CCURRED 20e. PLAC	E OF INJURY	Home, farm	20f. (City e	r fawn)	(County)	(State)
w	t while facto	ry, street, office	e bidg., etc.)	)			
21. I certify that I took charge of the remains		a hold an	Autone	To la	anation [7]	Inquiry [	ond in my
		-	-				
opinion death resulted from: Notural causes	Accident L	_, Suicid	e [], F	Iomicide	, Undefe	rmined mon	ner L
ACTUAL M. M. C. S.	Low						DATE SIGNED
SIGNATURE VILLE	7	_M.D.		AMINER [			
EXAMINER'S	V			AL EXAMINER			5-14-59
NAME (Type) George M. Kieffer, M.	D.	DEPUTY	MEDICAL E	EXAMINER []			
		CREMATORY		22d. LOCATI	ON Kiny, town,	or county)	(Spate)
Varial F-15-19 The	of the	olon	1		Lall	0 /	Ra
23. PANERAL DIRECTOR'S SIGNATURE ADD	RESS	10		D BY REGISTR		STRAR'S SIGNAT	
sacktewis Me 21006	ectaw 1	loce	DATE	MAY 15'	59 (	Irliner S. t	Trave
			1				

The state of the s The state of the s Sai Artinga and Anglain Sommer and Anglain Said 



may be retained by the haspital ar attending physician.

O FUNERAL DIF OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 pours Offer death.

may be retained TO FUNERAL DI

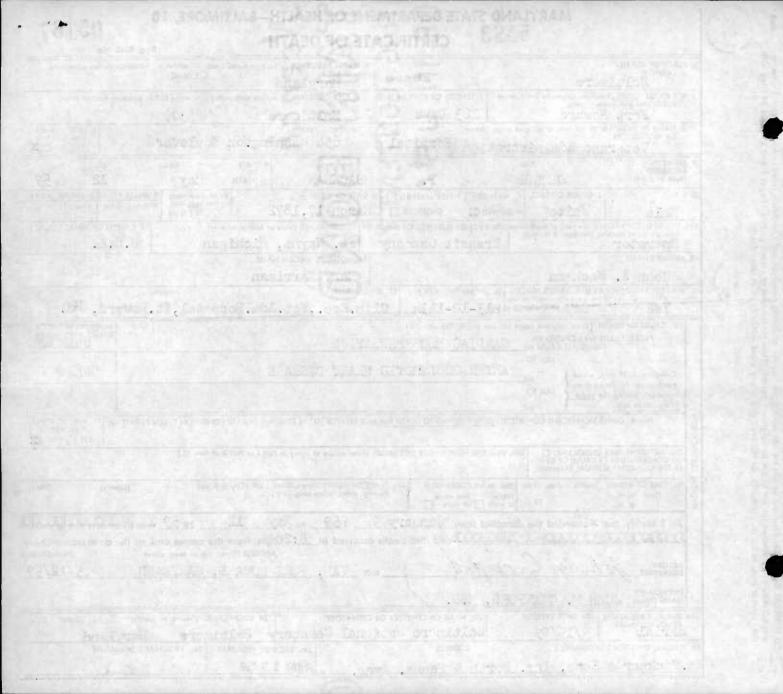
VS A1S (4) 15M 10/57

050

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5153 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

			_	ad
Rea.	Dist.	No.		

_													
1.	PLACE OF DEATH o. COUNTY Balti	more		MAI	RYLAND	O. STAIL	pland		d lived. If institution b. COUNTY	n: Residenc	e before	odmiss	ion)
	b. CITY OR TOWN ( RURAL and give n	If outside corporate limi	its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR	TOWN (If	outside corpo	rote limits, write RL	JRAL ond g	ive near	est town	1) /
	Fort	Howard		123 Days		Bal	timor	e	(30)	31	101	1-4	_
	OR INSTITUTION	rans Admini		TT 3	tal	d. STREET		ingtor	Bouleva	rd	e	ON A	FARM?
3.	NAME OF	Fir		Midd	le	Lo	ıst	4. DATE	Mont	b	Doy	-	Year
	(Type or print)	GEORG	E	P.		BACKMA		OF DEATH	May		12		19 59
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MAR	RIED 🗍	B. DATE OF BIRT	TH		9. AGE (In years	IF UNDER	YEAR I		
	Male	White	WIDOW			March 1	7,187	2	lost birthdoy)	Months	Doys	Hours	Atin.
10	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU					12. CITI	ZEN OF	WHAT	COUNTRY
	Operator	king life, even if retired	)	ransit Com				Michi		U.S	S.A.		
13.	FATHER'S NAME				1	14. MOTHER'S			3				
	John A.	Backman				Mary	Marri	man					
		R IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 17.	INFORMANT			Addr	ess			
(11.	Yes	(If yes, give wor or dates of s	2	13-10-113		lin.Rec.	,Vet.	Adm. Ho	spital,F	t.Howa	ard,	Md	•
		ATH [Enter only one co	ouse per li	ne far (o), (b), and (d	:).]			Tig. 11			INTER	VAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	CA	RDIAC DEC	)MPEN	SATION					01.10	UNKI	NOWN
	420.0	DUE TO		TED TOO OT THE	00070	TITLATOR OF	~~~~						
	Conditions, if a		ARC	TERIOSCLEF	CTTC	HEART I	OLSEAS	E			U	NKN	NWC
	couse (o), stoting	\ DHE TO											
7	lying couse lost.	) (c											
01	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASI	E CONDITION GIVE	N IN PART	1(0) 19.	PERFO	AUTOPSY RMED?
Į.												YES 🗌	NO 🍱
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in	Port I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED  Not while of work	20e. PL fo	ACE OF INJURY ( ictory, street, offic	(Home, form a bldg., etc	n, 20f. (City	or lown)	(Co	ounty)		(State)
	21. I certify th	ot Xattended the	deceas	ed from Janu	lary	9 159	to Ma	y 12	19 59	XXXX	XXXX	XXX	XXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXX and the	_							stole	d above
		1 1 /	7	01					reet, city or town, s		e duie		TE SIGNED
	SIGNATURE	The W. C	van	And		M.D. VAH.	FORT	HOWAR	D. MARYL	AND		5/	12/59
	PHYSICIAN'S _											41-	
	NAME (Type)	OHN W. CRAW	FORD	, M.D.									
220	BURIAL, CREMATIC	N, 225. DATE THEREC	F	22c. NAME OF CE				22d. LOCAT	ION (City, town, or	r county)		(Stote	)
	Burial Specify)	5/15/59		Baltimore	Nat	ional Ce	emeter		timore	Mary	/lan		
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS				D BY REGIST					
√m	.Tickner	& Sons, Inc	. No:	rth & Penn	ia. A	Ves	DATAY	1 3 '59	Cathon	8 4			



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5194 CERTIFICATE OF DEATH

Dist No 05168

					Keg. Dist	, No.
1. PLACE OF DEATH o. COUNTY Baltimo	re	MARYLAND	2. USUAL RESIDENCE (WI	- 60	OUNITY	timore
b. CITY OR TOWN (If outside con RURAL and give nearest town Sparks		c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not on or institution Bel	n hospitol, give street fast Rd.	oddress)	/ d. STREET ADDRESS Be	elfast Rd.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle Bacon	Lost	4. DATE OF DEATH	Month 5-1-59	Day Yeor
5. SEX 6. COLO		RIED NEVER MARRIED	8. DATE OF BIRTH 3-16-1888	9. AGE (I lost bir	n years IF UNDER	YEAR IF UNDER 24 HRS. Days Hours Min.
10o. USUAL OCCUPATION (Give k during most of working life, ex	ind of work done 10b. en if retired)		ourt Maryl	or foreign country)		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Lewis M.  15. WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO. 17	INFORMANT	Dosh	Address	
1Yes, no or unknown) (If yes, give w	or or dates of service)	17-20-9790	self		Addies	
18. CAUSE OF DEATH [Enter	ALISED BY					INTERVAL BETWEEN
175.0 IMMEDIA	TE CAUSE (o)	Carcinoma of metasta	the Ovary with sis	multiple -		6 Month
Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.						0 15011011
PART II. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port 1 or Port II of item	18.)	
20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. I 19 While at wor	Not white	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	n, 20f. (City or town)	(Ca	ounty) (State)
21. I certify that I atterative on	nded the decease 19, 19_		th accurred at 1.10	ADDRESS (Street, city o	uses and an the	e date stated above
PHYSICIAN'S NAME (Type) C. H	lerbert Mue	eller Jr.	M.D. JOUR LA	Pashlon 1.	. puepa	7,195/2/59
Burial 5	-4-59		or crematory Methodist	22d. LOCATION (City.	on, Md.	(Stote)
23. EUNERAL DIRECTOR'S SIGNATURE OF		ADDRESS rk Rd., Tows			b. REGISTRAR'S SIGI	

may be retain, TO FUNERAL DI VS A15 (4) 15M 9/55

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Mon, Mi		is Condidate	notings	10 P on 4 on 7	Land of the land

y me funeral director, 2 should be filed with

death. Page 4

The low requires that the death certificate be executed within 24 hours

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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5195 CERTIFICATE OF DEATH

			0	5	1	6	9
Reg.	Dist.	No.					

I PLACE OF DEATH	Rosewood St.	to Tr	aining School	2 HEHAL BE	IDENICE /M/L	diamen	al IIal 16 Image at	an Basidana	hofour ad	last
a COLINTY	altimore	11	MARYLAND	a. STATE		yland	d lived. If instituti b. COUNTY	Cit		mission)
	(If autside carporote limi		c. LENGTH OF STAY IN 16	c. CITY OF	TOWN (If o	outside carpo	orate limits, write R	URAL and give	ve nearest t	awn)
	lls, Marylar		12 days		more, l	Maryla	and	310	1-4	_
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, o	give street o	address)	d. STREET	ADDRESS	13	W-Eslin	7 141	OI	RESIDENCE N A FARM?
Rosewood S	State Traini	ing Se	chool	3617	Forest	Park	Avenue		YES	□ NO 5
3. NAME OF DECEASED	Fi		Middle	L	tzc	4. DATE OF	Man	th	Day	Yeor
(Type or print)		ola	Sue	Bae	er	DEATH		5 5 5	5	19 5
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIR			9. AGE (In years lost birthday)		YEAR IF U	NDER 24 HR
Female	White	WIDOWE	D DIVORCED	5/7/3	38	V	20 yrs.	Maiillis	odys Hat	Min.
a. USUAL OCCUPAT	TON (Give kind af wark arking life, even if retired	dane 10b. I	KIND OF BUSINESS OR IND	USTRY 11. BIRTHI	PLACE (State	or fareign o	country)	12. CITIZ	EN OF WHA	ATCOUNTRY
-			***	Man	ryland				U.S.A	
. FATHER'S NAME				14. MOTHER	S MAIDEN N	NAME				
Curtis Wat	son Baer			ELear	or Ri	dgely	Dew			
S. WAS DECEASED EN	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT			Add	ress		
no			F	losewood	Record	ds				
18. CAUSE OF DE	EATH [Enter anly one co	use per lin	e far (o), (b), and (c).]				76 5 5			BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Br	conche pneumon	nia with	acute	bron	chitis an	d	1./23	ND DEATH
35/X	DUE TO		nanition	112.02			0.12.020 (4.		7/-2	121
Canditions, if	ony, which )									
gove rise ta	immediate (	)				07				
lying couse last	g rne under-	Sı	pastic Quadrij	plegia w	ith at	hetos:	is		Birt	h
PART II. O	THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BL	T NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPS
PART II. O  20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF										RFORMED?
20a. ACCIDENT V	VAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in	Part I or Por	rt II af item 18.)		- 134	
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)	100								
20c. TIME OF INJU	JRY Manth, Doy, Ye	ar 20d. IN	IJURY OCCURRED 20e. F	LACE OF INJURY	(Hame, farm	, 20f. (City	y ar tawn)	(Cc	ounty)	(State
Haur a.m.	10	While at wark	1401 WILLIE	octary, street, affi	ce bldg., etc.	.)				
			1 1			-1-1-0				
			ed from 4/23/59				2, 19,			
alive on_5/	21/27	9, 19	, ond that deat	h occurred a						ted obov
ACTUAL	1 4	5 /	2 /0				itreet, city ar tawn,			
SIGNATURE	Jany .	1. / _	melle	_M.D. Rosen	rood_St	tate I	raining_	School		5/5/5
PHYSICIAN'S	Hammir C Ru	+ 7 00	N 10	0.4	W.	17- 1	fo			
NAME (Type)	Harry G. Bu				IRS MT		laryland			
REMOVAL (Specif	ON, 208. DATE THEREO		22c. NAME OF CEMETERY		to===		TION (City, tawn,		rylan	Stote)
Burial	1 5/0/19	27	Druid Ridg	e Geme	1					
. FUNERAL DIRECTO	1117 1111	2200	ADDRESS Tiberty Haht			D BY REGIS		STRAR'S SIGN		
Ell artanth	A wmo dret-	KI (MILIT)	I theretay Hight	S. AVE.	ABBETAL	/ - 10	0 1	1 - 2 4		

may be retain by the hospitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 22 haurs ofter death. VS A15 (4) 15M 9/58

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VS A15 (4) 1SM 9/S8

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

			CEKIIF	ICAI	E OF D	EAII				Reg. Di	st. No.		
1. PLACE OF DEATH a. COUNTY B	altimore		MARYLA		o. STATE ME	ence (Wi		d lived. If in b. CO		Resident Balt			sian)
b. CITY OR TOWN (I RURAL ond give no Baltimore		s, write c. LE	NGTH OF STAY IN	16	c. CITY OR T	_	outside corpo		vrite RU	RAL and	give neo	rest taw	n)
d. NAME OF HOSPIT OR INSTITUTION 6409 Blen	TAL (If not in hospital, gi	ve street addres	ss)	1	d. STREET A		im Ros	ad				ON	SIDENCE A FARM? NO [X]
3. NAME OF DECEASED (Type or print)	First KATIE	LEE	Middle BARTHOLO	MAIE	Last		4. DATE OF DEATH	M	Month		959	y	Yeor
5. SEX Female		7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		ov. 5.	1890		9. AGE (In last birth	4 4 100	F UNDER Months	1 YEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work di king life, even if retired)		OF BUSINESS OR	INDUSTRY	Mary		or foreign c	ountry)		US		WHAT	COUNTRY?
13. FATHER'S NAME		- IOWIT II	Ome	1	4. MOTHER'S	2000-20	NAME			1 00	20.	T.	
Henry W.	Engelhardt				De	alla	Harden	1					
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give wor or dates of set None	rvice)	one	y 1	RMANT	d E.	Dallan	n. 640	Addre		im F	ld	Balt•
Conditions, if a gave rise to i couse (o), storing lying couse lost.  PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate ( DUSTO	_ c	ARCINON ARCINO	MA	BRE	AST	ENER			N IN PAR	RT 1(o) 1	9. WAS	AUTOPSY DRMED?
	MEDICAL EXAMINER)		HOW INJURY OCC						(B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While	OCCURRED 20 Not while of work		OF INJURY (I			y ar town)		(	County)		(Stote
ACTUAL SIGNATURE	reduced the May 25 reduced	9. Va	am Fx., and that deliver	eath ac	1945 courred at	1			es and	an the		state	
220. BURIAL, CREMATIC REMOYAL (Specify)			NAME OF CEMETE					TION (City,	lown, or	county)		(Sta	ite)
Burial  23. FUNERAL DIRECTOR	June 3,19		udon Park	Cem	etery		D BY REGIST	TRAR 24b		ylan RAR'S SI	- 0-0	RE	
John Burn	s' Sons. To	wson, M	aryland		1	DATE JI	UN 5 '5	59	art	lun S.	trai	ch.	

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VS A15 (4)

1SM 10/57

MARYLAND 5197	<b>y</b>	ENT OF HEALTH- ATE OF DEATH		teg. Dist. NA 5179			
1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Mary	- L COUNTY	Residence before admission) Baltimore			
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Randallstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Randallstown					
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION 3502 Chapman		/ d. street address 3502 Chapn	nan Road	e. IS RESIDENCE ON A FARM? YES NO Z			
3. NAME OF First DECEASED (Type or print)  TETHEL			DATE Month OF May	Day Year 29 19 59			
Female White WIDOV		B. DATE OF BIRTH  Dec. 2, 1882	lost birthday) N	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At home  13. FATHER'S NAME	o. KIND OF BUSINESS OR INDU	Winchester,  14. MOTHER'S MAIDEN NAM	Va.	USA			
James K. P. Joh  15. WAS DECEASED EYER IN U. S. ARMED FORCES?  16. no. or unknown)  (If yes, give wor or dates of service)  No	None T	Rosalind W NFORMANT Thomas Town B	Address				
18. CAUSE OF DEATH [Enter only one cause per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  4 2 0 DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost.  (c)	Min For (a). (b). and (c).] SHONGLY MEUNTENLE	Scelession 5/29/59	- 5/10/5	9. 2 wells			
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I ar Part II of item 1B.)				
Hour a.m. While		ACE OF INJURY (Home, farm, 2 ctary, street, affice bldg., etc.)	Of. (City or tawn)	(County) (State)			
21. I certify that I attended the decearative an MRY 29 , 19	-77			hat I last saw the deceased an the date stated above DATE SIGNED			

PHYSICIAN'S NAME (Type) Thomas E. Wheeler, M.D. 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 6/1/1959 Woodlawn Mausoleum

3601 Clifmar Road 22d. LOCATION (City, tawn, or county)

Baltimore

(Stote) Maryland

23. FUNCEAL DIRECTOR'S SIGNATURE COMPANY ADDRESS Ellsworth Armacost-4600 Liberty Hights. Ave.

24o. REC'D BY REGISTRAR DATESUN 2

24b. REGISTRAR'S SIGNATURE arthur S. Kroug REST. E. L. BREITS SHA THE REPORT OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where december lived) If institution: Residence before admission)
a. STATE
b. COUNTY PLACE OF DEATH 6717 Queens Ferry Rd. a. COUNTY Baltimore Co. MARYLAND N. MARKET Ave. 24 Balto. City b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nagrest town 2 mons Baltimore Md. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS AND FARA e. IS RESIDENCE OR INSTITUTION ON A FARM? 14 N. Milton Ave. 24 Private home YES NO 2 NAME OF First Middle 4. DATE lost Month Day Year DECEASED OF DEATH Jean C. Benton Mav (Type or print) 6. COLOR OR RACE 7. MARRIED THEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years last bythday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Female White Dec.22,1908 Hours WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life even if retired) Retired Balto. Md. 14. MOTHER'S MAIDEN NAME ofter 13. FATHER'S NAME Constantine Nesura Stella Sobush 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address M 217-01-4697 William J. Benton 14 N. Milton Ave. 24 attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ET 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat while at work at work 21. I certify that I attended the deceased fram. \_\_\_\_\_, 19\_5 that I last saw the deceased alive on that death occurred at 25M, fram the causes and an the date stated above. ACTUAL SIGNATURE DP PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify)
Burial 25,1959 Holy Rosary Cem-Balto. Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2024 Orleans St. 31 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) arthur S. Kraus DATE MAY 25 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5199 CERTIFICATE OF DEATH

Reg. Dist. No. 05174

1. PLACE OF DEA	Baltimo re		MARY	LAND	2. USUAL RESID	ence (who		d lived. If inst b. COUI		ence befo	ore admissi	on)
b. CITY OR TO	WN (If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If or	utside corpo	rate limits, wri	te RURAL on	d give ne	arest town	)
C	atonsville		Lyrl Dmth8d	tys	Baltimore 3 Vo 1-4-							
d. NAME OF H	OSPITAL (If not in hospital,	ive street	oddress)		d. STREET AC						e. IS RESI	
SPRING	GROVE STATE	HOSE	PITAL		2259 Pa	ark Hi	ill Av	renue			YES [	FARM?
3. NAME OF DECEASED (Type or print)	Marion		DeWolf		Berry		4. DATE OF DEATH		Month ay	27		<sup>(eor</sup> 59
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED   8.	DATE OF BIRTH			9. AGE (In ye lost birthdo	ors IF UND		IF UNDE	
female	white	WIDOWI			May 12	. 189	91	lost birthdo	yrs. Months	Doys	Hours	Min.
10a. USUAL OCCU	PATION (Give kind of work	done 10b.	KIND OF BUSINESS C	R INDUST	RY 11. BIRTHPLA	CE (Stole	or foreign co	ountry)	12. 0	ITIZEN C	OF WHAT	COUNTRY
during most of working life, even if retired) housewife Mgr.Rtd. Carlins Park			rk		Massa	achuse	ettes		U.	S. A.		
13. FATHER'S NAM	NE .				14. MOTHER'S							
Joh	n DeWolf			F. 6			Marga	ret Ca	rtwrig	ht.		
15. WAS DECEASE	DEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INF	ORMANT				Address			
(Yes, no, or unknown) unknown	(If yes, give wor or dates of	ervice	124-12-7522	2 Rec	ords: S	SPRINC	GRO	VE ST	ATE H	OSPI	TAT.	
18. CAUSE O	F DEATH [Enter only one co						- 0.140		11,22		ERVAL BET	TWEEN
	. DEATH WAS CAUSED BY:		Arterioscl		c cardi	777 9 9 01	na er	dieanse		ON	SET AND	DEATH
423	DUE TO		AI OCITOOCI	C 10 01	c cardi	JVasc	uzai	uro egoe				
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	to immediate DUE TO	/	deneralize.	u ar u	GLIOSCI	LOST	3					
lying cause	oring the under-											
	OTHER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION	GIVEN IN PA	RT 1(o)	19. WAS A	UTOPSY
ATIC											PERFOR	RMED?
	IT WAS UNDERLYING DITING CAUSE OF DEATH DITIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of	injury in P	ort I or Part	t II of item 18.				
Hour o	NJURY Month, Day, Ye o. m. 19	or 20d. It While of wor	NJURY OCCURRED  Not while t of work	20e. PLAC focto	E OF INJURY (H ry, street, office	lome, form, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certif	y that I attended the	deceas	ed from May	20	19 59	ta N	lay 27	10	59 that	last s	aw the	decenses
alive an_	May 27	19	9, and that	death o				/ '/-				
Gilve Gil		A.	A n	dedin c	ccorred di_			reet, city or to		me do		TE SIGNED
ACTUAL SIGNATURE_	Stella	Wae	bester	M.	SPRI		ROVE	STATE	HOSP:	ITAL		7-59
PHYSICIAN'S NAME (Type)	Stella Wach		M. D.		Cato			, Mary				
220. BURIAL, CREA	AATION, 22b. DATE THEREC	F	22c. NAME OF CEM					TION (City, tov		)	(State	)
REMOVAL (Sp Buria			Druid I	didge	-			esvill				
23. FUNERAL DIREC	CTOR'S SIGNATURE	nes	Hou Hou	1-1	acto	240. REC'D	BY REGIST		Colored 2			
	1			1	1,111	X						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained the hospital or attending physician.

O FUNERAL DISCOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremotian, or remayol, and in any event within 72 hours, after death. moy be retoine TO FUNERAL DI VS A15 (4) 15M 10/57

11	tems 18-21 Fi MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	
Tion, dell	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist.	No. (15175
please exp 4 should be cremation.	1. PLACE OF DEATH a. COUNTY BALTIMORE 5300 MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY	before admission)
mecessory. Poge	b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)  Essex  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Baltimore  3 Vol	ve nearest town)
pries.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  3111 Northway Drive	e. IS RESIDENCE ON A FARM? YES NO N
If ony delay the funeral dir of far yaur file the registrar p	3. NAME OF DECEASED (Type or print) // ANCY PEARL BILLUPS 4. DATE Month OF DEATH May 30th	Pay Year 19 5 9
oth. If a to the full ined far ith the re	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Day	
မိုက္ 💆 🏃	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 131. BIRTHPLACE (State or foreign country) 12 CITIZEN	N OF WHAT COUNTRY?
The graph	during most of working file, even if retired) Housewife Mississippi	USA
s 1, 2, may	John Gillogly  14. MOTHER'S MAIDEN NAME  Minnie	
in 24 haurs ove Pages 1, Page 5 may File pages 1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	do Road #
<b>是话</b> 。	The state of the s	AE NOAA, #
5 E 8	PART I. DEATH WAS CAUSED BY: Drowning. Found Drowned	ONSE! AND DEATH
be exect in the with for with for the forms it.	Canditions, if any, which) (b)	
ould   penci	gave rise to immediate couse (a), stating the underlying cause last. (c).	
certificate sh 'pending' in iner's Office be used as a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  Found Drowned	
NER: This he ward 'ical Exami 3 shauld I	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) at work 1 at work 2 at work	
EXAMINER: rriting the we of Medical E R: Page 3 sh		, and find that
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .	
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
O DEPUTY A cute the cert forwarded or removal.	EXAMINER'S PAUL F. GUERIN DEPUTY MEDICAL EXAMINER 5-	-31-59
TO DE cute farw	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  Burial 6/3/59 Moreland Mem Park Baltimore, Mary	Land
VS. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Leonard J. Ruck 5305 Harford Road #14 DATE JUN 2 '59 CARLEY S.	Thank

	NI OF HEALTH BASTIMORE, 18		
	CERTIFICATE OF OCATH		
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VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 tem 2 FilmG242 5-11-59 et 261 CERTIFICATE OF DEATH

Reg. Dist. No. 05176

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  catonsville  d. NAME OF HOSPITAL (If not in hospital, give street address)  S. Rolling Rd.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland b. COUNTY  Baltimore						
				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  52  Catonsville						
				/d. STREET ADDRESS S. Rolling Road				e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	R. Howard			Lost	4. DATE OF DEATH	Mor 5	nth	Day 2	Yeor 19 <b>59</b>	
s. sex	6. COLOR OR RACE White	7. MARRIE	DIVORCED	B. DATE OF BIRTH		9. AGE (In years last birthdoy) 79yrs.		YEAR IF U	INDER 24 HRS urs Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired			STRY 11. BIRTHPLACE (Slote or foreign country)  Baltimore, Md.				12. CITIZEN OF WHAT COUNTR			
3. FATHER'S NAME	D Dland			14. MOTHER'S MAID			PLEY	19		
	R. Bland	ocean la c			Hardin					
Yes, no, or unknown)	ER IN U. S. ARMED FOI (If yes, give wor or dates of	service)	OCIAL SECURITY NO. 17.	John R. Bla	nd,II	Rolling				
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	the under-	) M	y oca Co.	orter Filros	is			29	Lor	
3	AS UNDERLYING []		RIBE HOW INJURY OCCUR				CIN IIN PARI	PE	RFORMED?	
(IF EITHER, NOTIFY  20c. TIME OF INJUI  Hour o. m. p. m.	MEDICAL EXAMINER)	or 20d. IN. While of work	JURY OCCURRED 20e. P  Not while fi of work	LACE OF INJURY (Home, actory, street, office bldg.	farm, 20f. (City	or town)	(Cou	unty)	(Stote	
21. I certify the alive on M.  ACTUAL SIGNATURE	hat I attended the	decease 195 lersz	d from Hugurl 9,, and that deat Yorl	, 1957, to h accurred at 6 M.D. /// 8		the causes of the cause of				
PHYSICIAN'S NAME (Type)	DATE VICE	Nr. 1								
REMOVAL (Specify) Burial	5/5/50 5/5/50	w1.17 1 7 2 1	Loudon Par		THE RESERVE TO SHARE	ON (City, town, o		(	Stote)	
. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	240.	REC'D BY REGISTR	AR 24b. REGIS	STRAR'S SIGN	ATURE	1-11-1-1	

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		a mile was made at	#EDIVacetil
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#### FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the conficate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral discetor. Page 4 should be "arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to bur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Boers of Health, or its designated agent, priar to burial, cremation, or removal, and in any great within 72 hours after death.

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VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05177

1.	a. COUNTY Balt	imore	52	02 MARYLAND	2. USUAL RESIDENCE	(Where deceo			before admission)
	b. CITY OR TOWN (If	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Old Greenwich							
	Chase								
	d. NAME OF HOSPITA	L OR INSTITUTION	(II not in ho	spitol, give street oddress)	d. STREET ADDRESS	5		7	e. IS RESIDENCE
	Rural				14 Crossbridge Road				
3.	NAME OF DECEASED	F	irst	Middle	lost Jr	4. DATE	Mon	th De	y Year
	(Type or print)	LES	SLIE	Greene	BOATRIGHT		May	y 12	1959
5.	SEX	6. COLOR OR RACE	7. MARRI		B. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEA	AR IF UNDER 24 HPS.
	M	W	WIDOWE	D DIVORCED	Oct. 27. 192	4	34 yrs.	Months Days	Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of worl	done 10b.	KIND OF BUSINESS OR INDUS			country)	12. CITIZEN	OF WHAT COUNTRY?
	Chemi		n 5		Miss	Ouni		II «	5. A.
13	FATHER'S NAME	a v			14. MOTHER'S MAIDEN			0.1	J. R.
	Leslie G.	Boatrigh	t.		Nell.	ie Walt	er		
	WAS DECEASED EVE	R IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	TO MOTE	Address		
live.	no, er unknown)	(If yes, give war ar dates o	of service)	Ca	impbell-Loui	s Fun'l	Home, M	larshall,	Mo.
	PART I. DEAT	H WAS CAUSED BY:		for (o), (b), and (c). }  Itiple extreme	ว่ากว่าเหา่อย			IN	TERVAL BETWEEN
	Conditions, if on gave rise to immed la), stating the u couse last.	nderlying DUE TO	0						
CERTIFICATION	PART II, OTH  20g. EXTERNAL CAU PRIMARY 20 or CON			ONTRIBUTING TO DEATH BUT				VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH.			Airplane c	rash				
MEDICAL	20c. TIME OF INJUR	- 11	Mhil	e Not while to	ACE OF INJURY (Home, for clory, street, office bldg., e Air over far	etc.)	or town) Chase	(County) Balt	(Stote)  Md.
	21. I certify th	at I took charg	e of the	remains described ab	ove, held an Autor	osy X. I	nspection [7]	, Inquiry [	7, and in my
	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner								
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER								
	EXAMINER'S NAME (Type)	1. B. Davi	s, M.I	0.	DEPUTY MEDICA		7	4/14	129
220	BURIAL, CREMATION	N, 22b. DATE THERE	OF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCA	TION (City, town,	or county)	(State)
22	Removal	5/14/5	9	Marshall Cen		C'D BY REGIST		Missouri	AAME
			2020					ISTRAR'S SIGNAT	
V	1111am Coo	K, Inc.,	TST/ S	St. Paul Street	DATE	MAY 1 5 '5	9 0	Thur S. the	u.l

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VS A15 (4) 15M 10/57

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file	M	1

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5203

**CERTIFICATE OF DEATH** 

05178

Reg. Dist. No.

	The same of the sa	_								
1. PLACE OF DEATH a. COUNTY	altimore		MARYI	LAND	2. USUAL RESIDENCE (WI		d lived. If institution b. COUNTY		roll	mission)
b. CITY OR TOWN RURAL and give a		its, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF o			JRAL ond g	give nearest	lown) V
d. NAME OF HOSPI OR INSTITUTION					d. STREET ADDRESS Liberty I	ako T	Privo		0	RESIDENCE N A FARMS
	Ridgeway				Liberty L	7	TIVE		YES	NO [A]
3. NAME OF DECEASED (Type or print)	LOUISE		TERESA		BOPP	4. DATE OF DEATH	Ma		18	19 5 9
5. SEX Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIE		. DATE OF BIRTH Aug. 22, 18	84	9. AGE (In years loss birthdoy)	Months Months	Days Ho	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATI during most of wo At home 13. FATHER'S NAME	rking life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUS	Baltimo	re M	ountry) Maryland		USA	HAT COUNTRY?
	dam Weltn	er			Unkn					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		FORMANT argaret A. E	Bopp-1	Liberty I		Drive	
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-	Hey	reture.	(.)	1. disease	L C 1	Renal	7	100	years
CATI					NOT RELATED TO THE TERM			EN IN PART	PE	AS AUTOPSY RFORMED?
	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Port I or Por	t II of item 18.}			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED  Not while  t ot wark	20e. PLA fact	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (City	or town)	(C	ounty)	(Stote)
21. I certify to alive on	hat I attended the	deceas , 19	7 0	death	occurred at 11.56	M, from ADDRESS (S	n the causes a	nd on th		
PHYSICIAN'S NAME (Type)			eeler, M.		3601 C1					
220. BURIAL, CREMATIC REMOVAL (Specify Burial	5/22/19	59 _	Holy Cro				TION (City, tawn, o	_	Maryl	Stote) and
Ellsworth	Armacost-	4600	ADDRESS Liberty H	ghts	0.1	D BY REGIST			NATURE . KINNA	

awand C Alaryate A. Doppellingty Lat TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 #/7 Reg. Dist. No. 05179

1. PLACE OF DEATH O. COUNTY Ba.	ltimore	5	EGA MAR	YLAND	2. USUAL RESIDENCE (V	Where deceased live a Island		on: Residence be	fore adm	ission)
and give nearest town	l outside corporate limits, writ ) BS 0	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (III		~	URAL and give n	earest to	wn) 🗸
d. NAME OF HOSPIT	AL OR INSTITUTION (	If not in hosp	pital, give street addre	ns)	d. STREET ADDRESS 75 F.	lagg Aver			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir JE	AN	Middle Donald	d	BOUCHARD	4. DATE OF DEATH	Month May	Doy 12		100r 159
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIES	DENEVER MARRIE		DATE OF BIRTH Nov. 20,192	Engl	Actual district	Months Days	Hours	ER 24 HRS Min.
100. USUAL OCCUPATION  during most of working  Field Rej	ON (Give kind of working life, even if refired)		IND OF BUSINESS OR	INDUST	Pittsfiel			U.S.		COUNTRY
13. FATHER'S NAME Don	R. Boucha	rd			14. MOTHER'S MAIDEN N Annette		У			
15. WAS DECEASED EV (Yes, no, or unknown) Yes	ER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO	. 17. IN	rry-Holdrid	ge Funer	Address al Hon	ne, Rhode	sto	n lånd
Conditions, if a gave rise to imme (a), stoting the cause lost.  PART II. OTI	diote cause underlying DUE TO		NTRIBUTING TO DEAT	<u>IH</u> BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVER		9. WAS PERFO YES IN	AUTOPSY PRMED?
PRIMARY 10 or CO CAUSE OF DEATH.	USE WAS NTRIBUTING   20	b. DESCRIBE	HOW INJURY OCCU		nter nature of injury in Par	t I or Part II of iter	n 18.)	19		
20c. TIME OF INJU	5/12 19	59 While	k at work	Air	E OF INJURY (Home, farm ry, street, office bldg., etc. <b>over farm</b> re, held an Autops	Chas	e	(County)  Balto		(State) Md.
	from: Natural M. B. Day	causes [				AL EXAMINER	ermined ca	Inquiry		FING THE
220. BURIAL CREMATIC REMOVAL/(Specify)	5-14-59		22c. NAME OF CEMET St. Ann's	Ceme	tery		n, Rhod	de Isla	Secretary Commencer	•)
23. FUNERAL DIRECTOR William Co		1217	St.Paul S	tree	t	D BY REGISTRAR	120	RAR'S SIGNATU		

VS. A15ME(5) 5M 9/55

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HTASEND STADENTED PRODUKTOR SADIOM . 

		•	,	_
s ofter death. Page 4	•	y t. Ineral director,	2 sheald be filed with	(
death certificate be executed within 24 haur		ittending physician and campletely filled in t	please remove carbon papers. Pages 1 and	within 72 hours after death.
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death: Page 4	may be retained by the hospital ar attending physician.	FUNERAL DIR PR: After this certificate has been signed by the attending physician and completely filled in by the meral director,	sed for use as the burial-transit permit. Then	he registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
HOSPITAL OR ATTENE	nay be retained by the h	FUNERAL DIR	sage 3 should be aetach	he registrar priar to buri

VS A15 (4) 15M 10/57

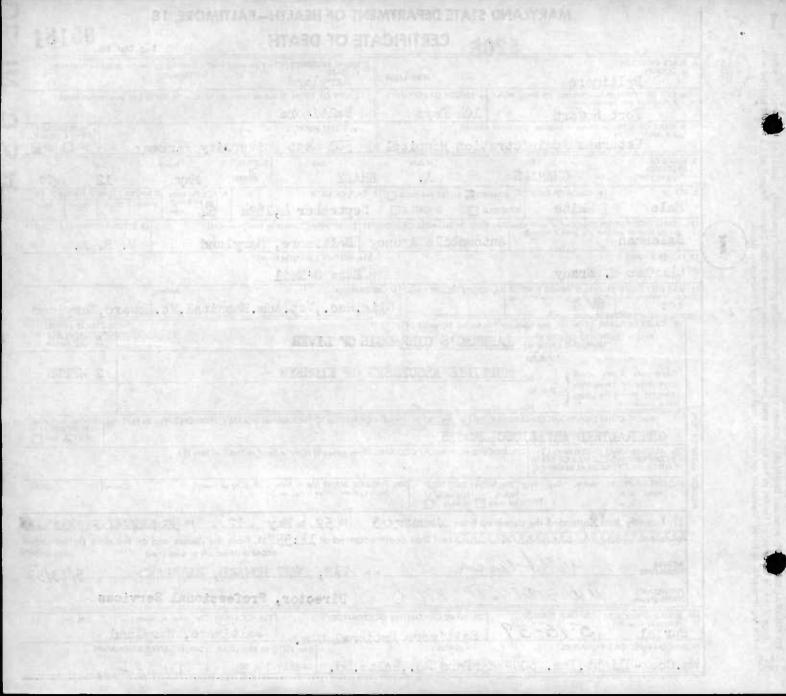
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5205 CERTIFICATE OF DEATH

Reg. Dist. No. (1518)

	O. COUNTY BALTO, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	APPHEL. 24RS	BALTIMORE 03X-1
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	3649 CORUNADO RD.	924 HOMESTEAD DT, YES NO THE
	3. NAME OF DECEASED (Type or print) EMMA A A. T.	BOWERS 4. DATE Month Day Year OF DEATH 5 - 23 - 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  lost birthdoy)  Months Down House Min
	FEMALE WHITE WIDOWED DIVORCED	0-25-1819 16 yrs.
ľ	<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSE WORK AT HOME	BALTO, MD U.S. A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	PICHARD MAC CUBBIN	MARY SMITH
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Ves. no. or unknown] [(If yes, give wor or dofes of service)]	INFORMANT SON Address -Balto-18
	NO 215-10-294XB	HARVEY KENNETH HUGHES 924HEMESTEAD ST
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CLEATH - MACE	clar appellent unvantances.
1	443X DUE TO // MAG (1)	
	Conditions, if ony, which ) (b) HAGCVD	
1	gove rise to immediate couse (a), stating the under	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	3 Ny	Meter Mellety YES NO IX
_	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	- 0.	ACE OF INJURY IHome, form, 20f. (City or town) (County) (State)
1	Hour o. m. p. m.  19 While Not while of work of work	A conversion of the blogs, etc.)
1	21. I certify that I attended the deceased from	19 56, to 23 May, 1959, that I last saw the deceased
	alive on 23 May 1958, and that death	
	A. A. B.	ADDRESS (Street, city or town, state)  DATE SIGNED
	SIGNATURE PARCEL	M.D. 3600 Lacheleen D: - 7 5725/8
1	PHYSICIAN'S DAVIS BOKAL	1
-	NAME (Type) DANIEL BAKAL, A	1 D.
1	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	22d. LOCATION (City, town, or county) (Stole)
	BURIAL 5-27-1959 MORELAN	DMEM.PK BALTO, CO, MD.
2	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
	4. It seller Conklin 3 444 Belair	ORCA, DATE MAY 26 '59 arily & thous

MARYLAND STATE ME ASSISTATION HOLLINGS TO MTASO SO STADISTINISO TO SE 

*			TE OF DEATH  Reg. Dist. N	05181
M	L	PLACE OF DEATH o. COUNTY Baltimore MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE	fore admission)
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	learest town)
		Fort Howard 104 Days d. NAME OF HOSPITAL (If not in hospital, give street address)	Baltimore 3vol. 4	
050		OR INSTITUTION Veterans Administration Hospital	d. STREET ADDRESS 501 West University Parkway	e. IS RESIDENCE ON A FARM? YES NO
	L		BRADY DEATH May 1	Doy Yeor 2 1959
	5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8  White  WIDOWED DIVORCED	September 4.1894 9. AGE (In years   IF UNDER 1 YEAR   Months   Doys	AR IF UNDER 24 HRS Hours Min.
	100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)		OF WHAT COUNTR
I		Salesman Automobile Agency		. A.
	13.	Charles H. Brady	14. MOTHER'S MAIDEN NAME	
	15.		Etta O: Neil FORMANT Address	
	(Ye	IS_DP. Or Unknown)   (If_yes_ give wor or dates of service)	in.Rec., Vet.Adm. Hospital, Ft. Howard	Mamrl and
		18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). ond (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  LAENNEC'S CIRRHOS:  SOCKO  Conditions. if only, which )  (b) MULTIPLE ABSCESSES	IS OF LIVER	TEARS  2 WEEKS
		gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO  (c)		
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
2	1 =	GENERALIZED ARTERIOSCIEROSIS		YES X NO
	L CERTI	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED. (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part E or Port II of item 18.)	
	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  Power Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of twork of twork of twork of two the control of two two the control of two two two the control of two	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)  20f. (City or town) (County)	y) (State)
		21. I certify that Lattended the deceased from January 3  ACTUAL SIGNATURE  WWW. Curry Manuary 3  ACTUAL SIGNATURE	accurred at 11:35PM, from the causes and an the di	ate stated abov
1		PHYSICIAN'S NAME (Type) WWSCHIER M.D.	Director, Professional Service	
0		Burial Cremation, REMOVAL (Specify) 5-15-59 Burial Baltimore Nat	ional C.m. Baltimore, Maryland	(State)
X	1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATI	URE
	4.9.1	m.Cook-Blight, Inc. 6009 Harford Rd., Bali	to . Md. DATMAY 18 '59 Oction 8 4	



TO FUNERAL DIR

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5207 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 05182

1. PLACE OF DEATH o. COUNTY  B	altimo	TE MARYL	O STATE	(Where deceased lived. If b. C	institution: Residence b	efore admission)
b. CITY OR TOWN (If outside RURAL and give negres)		c. LENGTH OF STAY I	N 16 C. CITY OR TOWN	(If outside corporate limits,	, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION		address)	d. STREET ADDRES	Regester	anz	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ily HEL	EN DK	PEARLEY	4 DATE OF DEATH	Month 19	Day Year 1959
S. SEX (6. C)	OLOR OR RACE 7. MARRI	DED NEVER MARRIE	- 4/	875 9. AGE (I lost bit	In years IF UNDER 1 YE Months Day	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION (Gi dyring most of working lif	ve kind of work done 10b. I e, even if retired)	KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPLACE (S	State or foreign country)	2 12. CITIZEN	N OF WHAT COUNTRY?
13. FATHER'S NAME	Dick	rel	nanga	ret mc	Gred.	er
1S. WAS DECEASED EVER IN U (Yes. no. or unknown) (If yes.	s. S. ARMED FORCES? 16. 9	SOCIAL SECURITY NO.	Trene B	Parker	Address	mo-
PART I. DEATH W. IMMI  422 / Canditions, if any, w gave rise to immed cause (o), stoting the unlying cause lost.	DUE TO  bich i ate der-  CC)	rteriosel	ratur Carde	Vasculas	Uncease "	NTERVAL BETWEEN DNSET AND DEATH
PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE T	ERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(c	PERFORMED? YES NO
200. ACCIDENT WAS UNION OR CONTRIBUTING CA	USE OF DEATH	RIBE HOW INJURY OC	CURRED. (Enter nature of injur	y in Part I or Part II of item	18.)	
20c. TIME OF INJURY Mo Hour o. m. p. m.	onth, Day, Year 20d. IN While at work	Not while	20e. PLACE OF INJURY (Home, foctory, street, office bldg.	form, 20f. (City or town) , etc.)	(Coun	nty) (Stote)
actual SIGNATURE	attended the decease  19 18 18 18 18 18 18 18 18 18 18 18 18 18	72 01	death occurred at 8		ouses and on the	t saw the deceased date stated abave.  ATE SIGNED  ATE SIGNED  MA
220. BURIAL, CREMATION, 22 REMOVAL (Specify)	may 21/39	Southern	REPY OR CREMATORY	Park Mia	nown, or county of the	la (Sfote)
23. FUNERAL DIRECTOR'S SIGN		ADDRESS		REC'D BY REGISTRAR 24		

ARE PROMITED BY THE ART MARKET OF HEALTH ARE THAT THE TRANSPORTER THE ADVANTAGE OF THE STATE OF THE S The letter where the SERVICE STORY

VS. A15ME(5) 5M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05183 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Bal	Ltimore	5	208 MARYLAND	2. USUAL RESIDENCE (** 0. STATE Maryl		L COUNTY	dence before admission)
b. CITY OR TOWN (I and give nearest lown	th outside corporate limits, wri		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I			nd give nearest town)
_	tal or institution 1 L3 Hines Ro		spital, give street address)	d. STREET ADDRESS	Hines Road		IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED (Type or print)	Fii WAL		Middle WILMER	Lost BREWER	4. DATE OF DEATH	Month Mav	Day Year 25. 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIED B	DATE OF BIRTH	1907 9. AGE lost bi		R TYEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION of working most of working the second secon	1	done 10b. I	aborer	Baltimo	Aa	1. 1	USA
Will	ian E. Br	ewer		Charlott	e Gilden	fenney	
15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FC (If yes, give wor or doles of	RCES? 16.	SOCIAL SECURITY NO. 17. IN	r. Joseph i	A. Brewe	r, Sr.	same
		Mass:	for (0), (b), ond (0).] ive gastro-inte ding ulcer of o		rrhage		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gave rise to immed (a), stating the couse lost.	iny, which (b)	)					Partial
25		DITIONS <u>C</u>	DNTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAI PRIMARY   or COI CAUSE OF DEATH.	USE WAS NTRIBUTING   20	b. DESCRIB	E HOW INJURY OCCURRED. (E	nter noture of injury in Pa	rt I or Part II of item	18.)	
Y 20c. TIME OF INJUING O. m. p. m.	RY Month, Day, Ye	White		E OF INJURY (Home, formary, street, office bldg., etc.	-)	(Co	ounty) (State)
			remains described above.  C, Accident , Suid	ve, held an Autaps cide, Hamicide		ian [], Inqu mined cause [	
ACTUAL SIGNATURE	Willia	price		_M.D. CHIEF MEDICAL E	XAMINER [		DATE SIGNED
EXAMINER'S NAME (Type)	William V.	Lovit	ct, Jr., M.D.	ASSISTANT MEDIC			5/26/59
220. BURIAL, CREMATIC REMOVAL (Specify)	5/28/5		New Catheo	tral (em.	Balt	ity, town, ar county) LMORE	MState)
23. FUNERAL DIRECTOR	0 0 1	305 H	Hartord Road		D BY REGISTRAR AY 2 8 '59	24b. REGISTRAR'S SI	

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## FOR STATE HEALTH DEPT.

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in director. Page director. Page director files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is n execute the content of the word "pending" in pending in them 18. Give Pages 1, 2, and 3 to the funeral 4 should be anded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Filteredes 1 and 2 with the State Bill or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. AISME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	WE	DICAL	EXAMINI	ER'S	G-243	ICA1	FE OF	DEAT	TH	Reg. D	ist. No.	0518	4
1. PLACE OF DEATH o. COUNTY Bal	timore	52(		LAND	2. USUAL RES	GEOR(			f institut		nce befo	re admission)	
b. CITY OR TOWN (If and give nearest lown Cha		RURAL C.	LENGTH OF STAY I	IN 1b			outside cor	rporate limit		L9x-		arest lown)	1
d. NAME OF HOSPIT.	at or institution (i	f not in hospito	l, give street address	3)	d. STREET A		McKir	ley R	d.,	N.W.		e. IS RESIDEN ON A FARI YES NO	M?
3. NAME OF DECEASED (Type or print)	Firs Robe		Lee		BROP		4. DATE OF DEATH		Month May		Doy 12	Yeor	
5. SEX male	6. COLOR OR RACE	7. MARRIED		_	DATE OF BIRTH	1894	F.	9. AGE (In lost birthd)	years oyl / yrs.	Months	1YEAR Days	Hours Min.	IRS.
10a. USUAL OCCUPATIO		fone 10b. KING	OF BUSINESS OR I		Y 11. BIRTHPLA				, , <sub>.</sub>	12. CITI	ZEN OF	WHAT COUN	TRY?
Manufactu	rer Owner	Te	extile			eorgi							
13. FATHER'S NAME					14. MOTHER'S								
J. M.Brop	hy			44.5	Ma	artha	Wilco	XO					
15. WAS DECEASED EV	(If yes, give war or dates of t	tervice)	CIAL SECURITY NO.		FORMANT	1.7	Dan nh		Address	Atlan McKin	ta,	Ga.	T.
yes	World War		-03-2164	1 1	rs. Nel	T AA *	probit	y - CI	. ( 1 )	TCKIH	-		- 7/
	TH [Enter only one cau	se per line for	(o), (b), ond (c). ]								ONSET	AND DEATH	
PAKI G DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Mult	iple extr	eme	injurie	S							
861X	DUE TO										1		
Conditions, if a	ny, which ) (b)												
gave rise to immer (a), stating the cause last.													
	HER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	H BUT N	OT RELATED TO	THE TERM	INAL DISEA	SE CONDITIE	ON GIVI	EN IN PAR		WAS AUTOP PERFORMED?	>
PART II. OTH	USE WAS NTRIBUTING [] 20	b. DESCRIBE HO	ow INJURY OCCUR			jury in Por	t I or Part I	l of item 18.	)				
	RY Month, Doy, Yeo	a lood INIII			E OF INJURY (H	Jama Sava	nos son			16-	unty)	16	
20c. TIME OF INJUING STATES		While	Not while	facto	ry, street, office	bldg., etc.	.) ;					(Stot	
₹ 5:15 p.m.	5/12 19	59 at work [	at work	A:	r over	iarm		chase		Ba.	Lto.	M	d.
21. I certify the	nat I taok charge	of the rem	nains described	d abar	ve, held an	Autaps	y <b>X</b> , I	Inspection	n 🔲,	Inqui	гу 🔲,	and in	my
apinian death	resulted from: 1	Natural cau	ses , Accio	dent [	N. Suicide		Hamicide	e 🔲. U	ndeter	mined a	manne		
ACTUAL SIGNATURE	2013	airs			_M.D. CHIEF M	EDICAL EX	XAMINER [	3		1-1	,	DATE SIGNED	4
EXAMINER'S NAME (Type)	M. B. Davi	s					AL EXAMINER		V	1/12	15	3	
220. BURIAL, CREMATIC REMOVAL (Specify)	DN. 226. DATE THEREO	OF 2220	. NAME OF CEMETE		CREMATORY			ATION (City,		r county)	-/	(State)	
removal	15/13/59		Bay Spr	ring	1-	04. 000			a.	VB 4 B10 411	2014511		
23. FUHERAL DIRECTOR	. Signer	4 4	Louis	- K	acto		D BY REGIS			TRAR'S SIG			

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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5211 CERTIFICATE OF DEATH

05186

					Keg. L	list. No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAI	II A STATE -	CE (Where deceased lived.	COLUMNIA	altimore
RURAL and give ne	f outside corporate fimits, wo orest town)  ONSVILLE	rite c. LENGTH OF STAY IN	·	'N (If outside corporate lin	nits, write RURAL onc	give nearest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give :		d. STREET ADDR	Stafford 1	Drive	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Harriet	G. Brown	Lost	4. DATE OF DEATH	5/9/59	Doy Yeor
Female	MIITCE	MARRIED NEVER MARRIED DOWED DIVORCED	W 3 3	906 9. AG	E (In years IF UNDE birthdoy) yrs.	R I YEAR IF UNDER 24 HRS.  Days Hours Min.
One SULCEPATION ONE SULLE	N (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE	(Stote or foreign country)  England	12. C	England
3. FATHER'S NAME W1111a	m Brown		14. MOTHER'S MA	iden name	les	
	R IN U. S. ARMED FORCES! If yes, give wor or dates of service		17. INFORMANT		Address	tafford Dr.
PART I. DEA'  170 ×  Conditions, if or gove rise to in couse (a), stoling I lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  17, which (b) n mediate (c) (c)	per line for (o), (b), and (c).] Melasto Coreino	in of a	Breast-		INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WA		ONS CONTRIBUTING TO DEATH  DESCRIBE HOW INJURY OCCI				PERFORMED? YES NO
	MEDICAL EXAMINER)  ( Month, Day, Year 2	20d. INJURY OCCURRED 20d While Not while twork 10d work 1	e. PLACE OF INJURY IHom foctory, street, office bld	e, form, 20f. (City or tow g., etc.)	rn)	(County) (State)
21. I certify the alive on//	at I attended the de	-0	14, 19_59, to eath occurred at 9.		causes and on	last saw the deceased the date stated above DATE SIGNED LEGISTER STATES TO S
REMOVAL (Specify) Burial	1, 22b. DATE THEREOF 5/12/5	22c. NAME OF CEMETER  Loudon F			City, town, or county)	(Stote)
Howard H.	SIGNATURE Hubbard 41	O7 Wilkens A	***	REC'D BY REGISTRAR TE MAY 1 3 '59	24b. REGISTRAR'S S	

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eromi Lad	A STATE OF THE STA		enomisi a	
	elitvanoja		*Ilivan	0.80
	339 Stafford Drive	Drive	ago Storroyd	
RE RE	/5/5	Frown	Harier C.	
	Nov.1,1906 52	TELESCOTE III	e inv	Female
England	Ingland			Lonestic
	Wary A. Gales		. Brown	NITTE W
	K Halelmore		Syle/59 Euchard 4107	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05187 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE & 9. Film G-243 5/26/59 cac Rea. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY Health, of Heol MARYLAND Baltimore Marvland Raltimore b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town Middle River Essex d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? delay is ne funeral retained e State Ba YES NO Martin Co., Plant 2, Paint Hanger 28 Avenal Rd. 3. NAME OF DATE First Middle Month Doy Year DECEASED (Type or print) CHARLES O. BUCHANAN DEATH 19 May 20, 1959 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 1916 Months Hours Min. Doys WIDOWED [ DIVORCED Mala White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond during most of working life, even if retired) U.S.A. Aircraft W. Va. Painter Give Poges 1 h form PM3. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Urie L. Buchanan Connolly Emma 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) in Item, 18. Gire along with I Otis Buchanan 827 Dorsev Ave. No 234-16-9961 18. CAUSE OF DEATH [Enter only one couse persine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) pencil in DUE TO Conditions, if ony, which gove rise to immediate cause DUF TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO D 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1 PLACE OF INJURY/Home, form, 20f. (City or togin) factory, street, office bldg., etc.) Month, Doy, Year 20d. INJURY OCCURRED to the - MANUIN of work of work Poge 21. I certify that I took charge of the remains described obave, beld an Autopsy , Inspection , Inquiry , and in miv rate, rrded Suicide . Hamicide . Undetermined manner opinion death resulted from: Noturo) couses . Accident 4 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 4 should be i ASSISTANT MEDICAL EXAMINER design **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, (State) 23, Baltimore, Md. 1959 Oak Lawn Cemetery 4 0 **ADDRESS** 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR VS. AISME Chilling & Knows DMAY 2 5 '59 James Bruzdzinski 1407 Eastern Ave 5M 2/57

AT EXCMITED SHEET AND PUREYOUT A TRUST OF A STRAIN MEDICAL EXAMINEEDS CRITICIPANT OF DRAIN

VS A15 (4) 15M 9/55

MARYLAND STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
5213 c	ERTIFICATE	OF	DEATH	

Reg.	Disa	A1 -	()	5	1	8	R
Reg.	Dist.	No.	()	0	4	0	U

a. COUNTY TO ALLINAL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
RURAL ond give nearest town)	Martinal 3vol-4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HISPITAL (If not in hospital, give street address)	d. STREET ADDRESS 4302 Larrison My YES NO
3. NAME OF DECEASED (Type or print) Helda First Middle	Ruckants 4. DATE Manth Day Year OF DEATH Manth 1979 19
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy)  yrs.  Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Henrietta?
(Yes, no, or unknown) (If yes, give wor or dates of service)	clorex Sachs - 3641 Freet Laiden ape
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Cutto Co	vonory thrombesis interval Between Onset and Death Sulden
Canditions, if ony, which (b) Carshral +	wantosis Righthemplyin 10grs
cause lost.  DUE TO  Lying cause lost.  (c)	
Jeworter from . G.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO P
	D. (Enter noture of injury in Port I ar Part II af item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl Hour o. m. 19 While Not while at work at work 19	ACE OF INJURY (Home, form, clory, street, affice bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased fram, 1949	19 to 11 19 19 that I last saw the deceased
alive on 177, and that death	ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE MARY OR SUN	M.D. 2300 MITOWIT -11/159
PHYSICIAN'S Milton B. Kirsh, M. D.	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) May 12/59 Helpelv	OR CREMATORY 22d, 1 GEATION (City, town, or county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE DEN ADDRESS	Att DATE WY 1 2 '59 CALLER CONTROL OF THE PROPERTY OF THE PROP
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5214 **CERTIFICATE OF DEATH** 

			U	U	1	0	0
Reg.	Dist.	No.					

1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  55 Towson
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
245 Linden Avenue	245 Linden Avenue YES NOT
3. NAME OF DECEASED (Type or print) SARAH L. BUCY	4. DATE Month Day Yeor DEATH May 5,1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White widowed Divorced	May 1, 1878   Starthdoy)   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Galm	Caroline Guest
	FORMANT Address
(Yes, no, or unknown)   {It yes, give war or dates of service}	
No None None Mrs.	Roy Kroh, 245 Linden Ave., Towson 4, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CALLED VO	cula dissing 2 ym
422.1 DUE TO 0	
GA // +	M. Blue
Conditions, if ony, which gave rise to immediate (b)	geens.
cause (a), stating the under. DUE TO	3tm
lying couse lost. (c) Called J.	nugo
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF C	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES  YES  YES  YES  YES  YES  YES  YES
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of ilem 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  P. m.  19 of work of work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ory, street, office bldg., etc.)
21. I certify that I attended the deceased from ONN 2	K, 19 59, to May 5 , 19 9, that I last saw the deceased
alive on May 5, 19, and that death	occurred atM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
ACTUAL SIGNATURE SIGNATURE MACTUAL	.D. 6.98
PHYSICIAN'S SE F M KOONS	6 Ent Beldle & Ball - Mil
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial May 8.1959 Western Cemete	Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John Burns' Sons, Towson, Maryland	

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# FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the compact, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be if red to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if four files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bound of Health, or its designated agent, prior to burial, cremotion, or removal, and in any eventuality 22 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05190

Reg. Dist. No.

1	1. PLACE OF DEATH Balt	timore	0215	MARYLA	O ST	ATE Mary	Where deceased Land	lived. If institu		before udm	
1	b. CITY OR TOWN (If au and give nearest town)	son		LENGTH OF STAY IN	55 s. CI	Tows		ote limits, write	RURAL and giv	re nearest to	own)
	d. NAME OF HOSPITAL	Overbrook		give street address)	d. ST	1006		rook R	d.	ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	KENNETH		Middle D.	BURNH	Lost AM.SR.	4. DATE OF DEATH M	ay 11,			Yeor
	5. SEX Male	White 7.	MARRIED [	DIVORCED	8. DATE OF	BIRTH		AGE (In years lost bothday) 61 yrs.	IF UNDER TYE		-
	10a. USUAL OCCUPATION during most of working Electric	life, even if retired)		of Business or in Railroad	i M	aryland	d	ntry)		SA	COUNTRY?
V	13. FATHER'S NAME					HER'S MAIDEN					
4		n D. Burnl				nnia Ke	eller				
	15. WAS DECEASED EVER	IN U. S. ARMED FORCE	16. SOCI.	AL SECURITY NO.	17. INFORMAN			Address			
	yes   V	WW.L	705-	-815TI	Mrs.	Anne I	Kelly-	1006 0	verbro	ok R	d-12
	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO	LL Der line torto	all to	racy	0	Cel	luse	0	NTERVAL BETWO	Ben
	gove rise to immedia (o), stoting the un-	ite couse	1	Ve	200	la	2D	ema est	1	7-4	-
	8	R SIGNIFICANT CONDIT	ONS CONTRA	BUTING TO DEATH	BUT NOT RELAT	D TO THE TERM	INAL DISEASE C	ONDITION GIV	VEN IN PART I		AUTOPSY ORMED? NO
		E WAS RIBUTING [] 206.	DESCRIBE HOV	W INJURY OCCURRE	D. (Enler noture	of injury in Par	rt t or Part It of	ilem 18.)			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	While	Not while of work	PLACE OF INJ factory, street,	JRY (Hame, form office bldg., etc	n, 20f. (Cily or	fown)	(County)		(Slole)
	21. I certify tha	t I took charge o	f the remo	ains described	abeve, held	an Autops	y , Ins	pection 📆	Inquiry	, ar	id in my
	opinion death re	esulted from: No	tural cous	Accide	ent 🔲, Su	icide [],	Homicide [	]. Undete	rmined mor	nner 🔲	
)	ACTUAL SIGNATURE	Mulk	10	Zonn	AS AS	SISTANT MEDIC	AL EXAMINER		٤	DATE (	SIGNED
			0'Donr			PUTY MEDICAL				1	17
	Burial, CREMATION, Burial Specify)	5/14/59		rospect	100000000000000000000000000000000000000	RY		on, Mar		(\$10	·Y
	23. FUNERAL DIRECTOR'S			ADDRESS			D BY REGISTRA		STRAR'S SIGNA	TURE	
	wm Cook-1	lowson. Inc	TOW	reon 4 Ms	marlane	DATELLY	1 4 159	0 11	- 0 4	. 4	

VS. A15ME 5M 2/57

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ADDRESS

05191

e. IS RESIDENCE

ON A FARM?

YES NO

Yeor

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO NO

(Stote)

U.S.A.

(County)

24b. REGISTRAR'S SIGNATURE

Osthur & Kraus

240. REC'D BY REGISTRAR

PATE MAY 1 3 159

0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH distance states a section excesses and later and the section state of the later and th LINES AND STRUCK The state of the s . . .

# HEALTH DEPT. in necessary, please of director. Page decretes.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05192

	Reg, Dist. No.
PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN [if outside corporate limits, write RURAL ond give necrest fown]  1.000 Green	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Long Green
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Dulaney Valley Road, Glenarm P.	Dulaney Valley Road, Glenarm & Store
3. NAME OF First Middle DECEASED (Type or print) Nicholas Campofreda	Lost 4. DATE Month Day Year 59 DEATH May 23
	Jan. 14, 1914  9. AGE In years 1 If UNDER 1YEAR IF UNDER 24 HRS. 45 yrs.  Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDU- during most of working life, even if refired)  "ublic Relations Dir Brewery	USA 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Anthony Campofreda	Eleanor Pietrunti
(Yes, no, or unknown)   (If yes, give war or dates of service)	Address  Ars. Ellen T. Campofreda-Dulaney Va. Ros
PART I. DEATH WAS CAUSED BY:  (DATE OF ACT)  Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause tost.  PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (a)  DUE TO  DUE TO  (c)	tic aneurysm instant
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \subseteq \text{NO} \)
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part f or Part It of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not while of work 19 at work 19	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) oclary, street, office bldg., etc.)
21. I certify that I taok charge af the remains described ab opinion death resulted from: Natural causes X, Accident	
ACTUAL SIGNATURE A. M. France	
EXAMINER'S A.M.France	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D  5/23/59
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BUE 1 May 2 6,1959 Holy Redee	emer Belair Rd. Balto., Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Wm Cook-Towson, Inc. York Rd. Tows	son, Md. DATE MAY 26 59 arthur & thous

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is revecute the conficate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be and to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B 22 hours ofter death. or its designated agent, prior to burial, cremation. AISME

5M 2/57

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5218 CERTIFICATE OF DE	AT
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05193

	keg. Dist. 140.
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  **Hampton**
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 602 St. Francis Road	602 St. Francis Road  e. 15 RESIDENCE ON A FARM? YES \( \sigma \) NOT
3. NAME OF DECEASED (Type or print) Mr. Howard E. Carn	Sr. 4. DATE Month Day Year OF DEATH May 4th 1950
s. sex    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED       white   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years of IF UNDER 1 YEAR IF UNDER 24 H)  Grant Days Hours Min  9. AGE (In years of IF UNDER 1 YEAR IF UNDER 24 H)  Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done dwring most of working life, even if retired)  (ann Waterproofing Company	JSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Baltimore, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard (ann	Helen Price
15. WAS DECEASED EVERTN U. S. ARMED FORCES? (Yes, no, or ynshown)  (If yes, give wor or dates of service)  218-18-1047	Mrs. Alice V. Cann 602 St. Francis 1
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nomalosis
100.8 DUE TO	2 61 2 1 ig
Conditions, if any, which gave rise to immediate (b)	ema of Colon
couse (o), stoting the under-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES \( \subseteq \text{NO} \)
© OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 1B.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while at work of twork	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto
21. I certify that I attended the deceased fram. Feb. 6	1959, to MAY 4th, 1959, that I last saw the decease
alive an MAY 42, 1959, and that death	h accurred at 12:45pM, from the causes and an the date stated above
ACTUAL SIGNATURE M. X. Quinn	M.D. 1927 York Rd TIMONIVIY Hat 5/2
PHYSICIAN'S NAME (Type)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C REMOVAL (Specify) 5/7/59 Loudon Po	or CREMATORY 22d. LOCATION (City, town, or county) (State) ark (emetery Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Loonard & Ruch 5205 Hartord Road	of #111 DATE MAY 6 '59 arthur & Frank

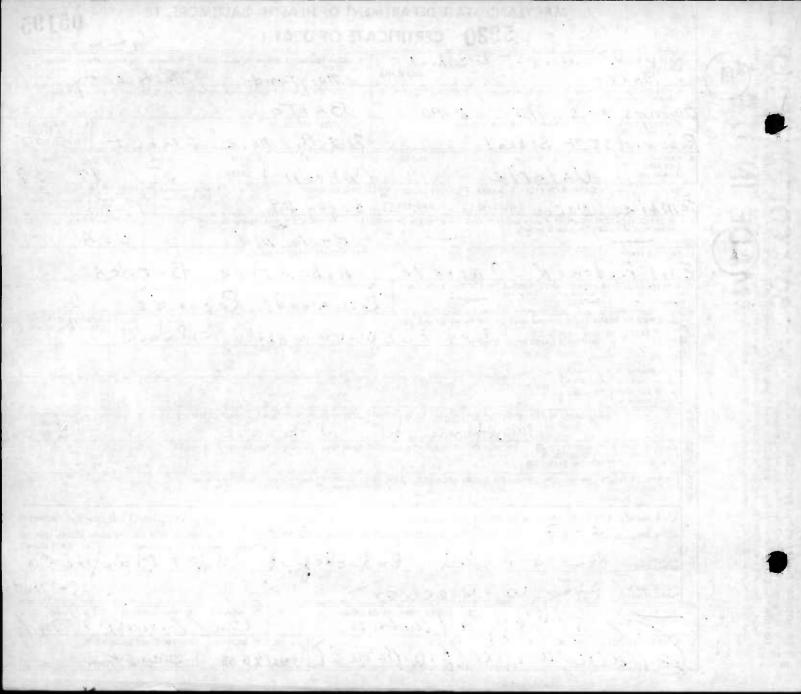
ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by "uneral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remavol, and in any event within 2 haurs after death. VS A1S (4) 1SM 9/SB

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	Sand Carety Local	W. W. TOWNSTER V. C.	
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	telen fried		
	Line, while is come on	,	

VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 b. COUNTY e. IS RESIDENCE ON A FARM? YES NO D 9. AGE (In years of UNDER YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO D (County) (Stote) \_\_\_, 1925\_,that I last saw the deceased DATE SIGNED 22d. LOCATION (City, town, or county) 24b. REGISTRAR'S SIGNATURE . Orthung & Kraus



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 4,8 FilmG242 5-7-59 et CERTIFICATE OF DEATH

05196

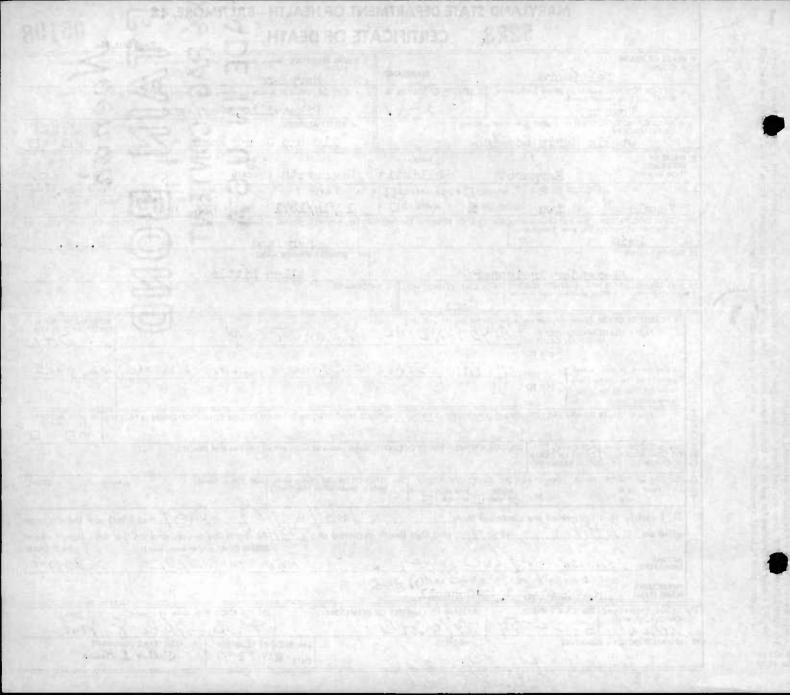
CALLED Y FILEGATA	)-11-) et Keg. Dist.	No.
1. PLACE OF DEATH Paradise Nursing Home O. COUNTY Baltimore Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY Ba	before admission)  1to. Co. 21
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lows).  Catonsville ind.	5.c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Paradise Nursing Home	d. STREET ADDRESS 117 Poplar Rd. Balto. Co.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mabel A. (Corson)	Carson 4. DATE July 30, 189	7 Day Yeor 7 5 19 59
5. SEX Female 6. COLOR OR RACE White 7. MARRIED   NEVER MARRIE		YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  10b. KIND OF BUSINESS OR INDU during most of working life even if retired)		EN OF WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME Evelyn	
	INFORMANT John J. Beyer, 208 Holly Neck Rd.	21
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  C 2 PC 5 Pc	Vesculer Accidents	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b)	612.	
gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO  (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the following p.m. 19 While of work of the order of the following p.m.	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) (Coty or town)	unty) (State)
21. I certify that I altended the deceased fram. 1911)c		st saw the deceased
actual Actual Actual	h occurred at 3:44 PM, from the causes and an the ADDRESS (Street, city or town, state)	date stated above.  DATE SIGNED
PHYSICIAN'S NAME (Type)	Catasville Had	5/5/5
220. BURIAL, CREMATION, PEMOYAL (Specify)  Burial  May 7,1959  Greenmount C		(Stote)
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S RIGH	CTURE

VS A15 (4) 15M 9/55

E OF DEATH	
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the control of the co	Mariante and the second
The second secon	
TANK YEAR OF THE PARTY OF THE	y (magnety a larger larger
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district the second state of the second seco	The second of th

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STA	TE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05197
HEALTH DI		Items 3,13,17 FilmG242 5-13-59 et Reg. Dist. No.
Page files. Health,	,250m,	1. PLACE OF DEATH  D. COUNTY  BALTO,  5220  AVLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE MARYLAND  b. COUNTY  —
> b /	20	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  c. LENGTH OF STAY IN 3b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ssor ecto d of	M	ESSEX- 21 BALTIMOPE 3VOI.41
Sec.	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in Applital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
ned ned	X	NOTED WOOD SEALT NORE SI, YES NOW
Stain	125	3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year
the the		(Type or print) GRADY HAROLD CHABAS Chavis DEATH 3
3 to may b with t		5. SEX  6. COLOR OR RACE  7. MARRIED  1. VEVER MARRIED  1. DEVER M
d 2 ho		10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)
22.00	1	LABORER USED CAR N.C. U.S.A.
20.25	1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Page 4	1	BENJAMIN OHABIS Chavis DEBIE LOCHLEAR
File		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT    Yes. go. prunknown   (If yes, give wor or dotes of service)   Address
A THE		NO - Z39-42-0968 HUTHAN CHABIS SAME
18 C 18 C		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
a point		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  PROWNING
o da	1	850× DUE TO
al-page		Conditions, if any, which (b)
0.25		gove rise to immediate couse (a), stating the underlying DUE TO
on.		couse lost. (c).
ol Exc or Exc or Exc or Exc or Exc	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOTH
d "r		200. EXTERNAL CAUSE WAS    200. EXTERNAL CAUSE WAS   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)   200. EXTERNAL CAUSE WAS
r M	301	STITEL I SOFT OUTEN LON IN TOR CITE A LIVER
Chie		20e. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)  1940 0. m. 5-3  1957 of work
ng he	03	The state of the s
Pag		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection I Inquiry . and in my
ded,		opinian death resulted fram: Natural causes . Accident . Suicide ., Homicide ., Undetermined manner
d d d		ACTUAL MR DALLE
a de la companya de l		SIGNATURE / LINE DITTURE M.D. CHIEF MEDICAL EXAMINER
e the considered by the consid	de	EXAMINER'S MASSISTANT MEDICAL EXAMINER \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
S de che		NAME (Type)  DEPUTY MEDICAL EXAMINER (1)  220. BURIAL, CREMATION, 122b. DATE THEREOF  122c. NAME OF CEMETERY OF CREMATORY  122d-OCATION (City fower of county)  (Section 1)
2 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d OCATION (City Jown, or county) (Stole)
5 . 5	-11	23/FUNERAL DIRECTOR'S SIGNATURE  ADDRESSO  ADD
S. A15ME BM 2/57		times franches 1707 Easter City DAMAY 6 159 arily & Kroup
		Essers/ Mad

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	一一一一
	Present Property
	DASTATATION DATE TO SHOW A REGISTER

	5225 CERTIFIC	CATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH Baltin	nore MARYLAND	O STATE	ved. If institution: Residence before admission) b. COUNTY Balto
b. CITY OR TOWN (If outside corporate limit	?	x annesle	e limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION)  29 est / E	LAZZ	603 Regest	ter are on a farm?
3. NAME OF DECEASED (Type or print) MARY	Thryn CL	A R Ross 4. DATE OF DEATH	May Doy Year 195
S. SEX 4 6. COXOR OR RACE	MARRIED NEVER MARRIED DIVORCED	00 131908	AGE (In years last birthday)  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	Jalvyers C	Hise Cishland	md USa.
13. FATHER'S NAME	Cross	14. MOTHER'S MAIDEN NAME	nes
15. WAS DECEASED EVER IN U. S. ARMED FORM (Yes, no. or unknown)  [If yes, give wor or dates of se	ervice]	chas & Clark	Sr. Same
18. CAUSE OF DEATH [Enter only one con PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost. (c)	CARGNOMA	, gall Bladder	INTERVAL BETWEEN ONSET AND DEATH
_		UT NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
	206. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II	of item 18.)
20c. TIME OF INJURY Month, Doy, Yeo Hour o. m. p. m.	or 20d. INJURY OCCURRED 20e. While Not while of work 0 the or work 1	PLACE OF INJURY (Home, farm, 20f. (City or factory, street, office bldg., etc.)	town) (County) (State
21. I certify that I attended the alive an SOFRIL  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  John B. Dell	1957, and that dea	BER, 1908 to MAY  with occurred at 9 WA M, from the Address (Street  M.D.  ach Raven Shopping Cert	the causes and an the date stated about, city or town, state)  DATE SIGN  May  The Balto. 12, Md.
Branch (Specify) 226. DATE THEREO MAY 4	1959 Dulany Valle	OR EXEMATORY Jarden 22d. LOCATIO	N (City, town, or county) (State) Chelips ville md
23. FUNERAL DIRECTOR'S SIGNATURE	Ans lo 4905	Jork Pa DATE DATE	R 246 REGISTRAR'S SIGNATURE

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# FOR STATE HEALTH DEPT.

al directory, please of directory, Page dispurities Board of Health, o DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the contribution, writing the word "pending" in pendin in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be it and 10 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after death.

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5N	1 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		()	5	2	0	1
Dist	No.					

		700	M8 550	0 C C C T T	THACAC )	-17-	77 el		Keg. Dist	, No.	
1. PLACE OF DEATH	altimore	1	5226	MARYLAND	2. USUAL RESID	ENCE (WI		b. COUN		e before ode	mission)
b. CITY OR TOWN	Ilf outside corporate limits, writ-	RURAL	c. LENGTH	OF STAY IN 16				rate limits, write	RURAL ond a	ive negrest	lown)
and give nearest to	own)		-						100		
	nase		2.1.2				ville		671		
d. NAME OF HOSE	PITAL OR INSTITUTION (	If not in he	spitol, give str	eet address)	d. STREET AD	DRESS				e. IS	RESIDENCE N A FARM?
Rı	ural				39 Edg	ewood	Lane			YES	□ NO □
3. NAME OF	Fir	st		Middle	Lost		. DATE	Man	th	Day	Year
(Type or print)	CRACE			0.	CLEARY		OF DEATH	Mass		12	159
5. SEX	6. COLOR OR RACE	7. 444.00	The second second	-	B. DATE OF BIRTH			. AGE Illo years	IF UNDER 1Y	The second second	DER 24 HRS
n Jex	U. COLOK OK KACE					202	_	lost birthday)		ys Hours	-
F	W	WIDOWI	ED D	VORCED 🔲	Aug. 14,	191	-> #	2 yrs.		,	
Oa. USUAL OCCUPA	TION (Give kind of work king life, even if refired)	dane 10b.	KIND OF BUSI	NESS OR INDUS	TRY 11. BIRTHPLAC	£ (Stale o	r foreign cou	intry)	12. CITIZE	N OF WHA	T COUNTRY
Housev					Cin	cinn	ati,	Ohio	U	J.S.A.	
13. FATHER'S NAME					14. MOTHER'S MA						
THE STAME	Bernard C	. Che	enal			_		7 -			
					Jura	ice G	uilfo	уте			1 300
15. WAS DECEASED I	EVER IN U. S. ARMED FO		SOCIAL SECL	RITY NO. 17. 1	NFORMANT			Addres	1	Bronz	cville
, , , , , , , , , , , , , , , , , , , ,	(11) (11) (11) (11)	10		Fre	ed.H.McGr	ath	& Son	. 20 Ce	edar St	N.	Y.
Canditions, if gave rise to imm (a), stating the cause lost.	underlying DUE TO										
3	THER SIGNIFICANT CON								VEN IN PART 1	(o) 19. WAS PERF YES X	ORMED?
	H.		Airpl:	ane cra							
20c. TIME OF INJ		Whi			CE OF INJURY (Horory, street, office bl	ne, form, dg., etc.)	20f. (City o	r fown)	(Count	1)	(Stote)
5:15 P. n		59 of w	ark ot wa	1 400	over far		Ch	asa	Balt	.0	Md.
	that I took charge							pection			nd in my
								_			nu in my
opinion deof	h resulted from: 1	Vatural	causes,	Accident	X, Suicide	_, н	omicide [	Undete	ermined mo	inner	
	h 1		-							-	
SIGNATURE	ma	7-11	w		M.D. CHIEF MED	HCAL EXA	MINER -			DATE	SIGNED
JIOITATOKI.						MEDICAL	EXAMINER	$\Box$	(/	, /	
EXAMINER'S NAME (Type)	M D Doord	- M	D				AMINER P		8/1	Y/J	9
	M.B. Davi										/
REMOVAL (Speci	TON, 226. DATE THEREC	11		TORRETERY OF			Cinc	ON (City, fown,	or county)	(5)0	afe)
REMOVAL	5-14-5	9	Bront	Joseph WANAE	Enetern		770	hk#111	SAINAY.	/	
3. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRES			lo. REC'D			STRAR'S SIGN.	ATURE	
Wm. Cook,	Inc., 1217	St.	Paul !	Street		YAMMIA	1 5 '59	0	Ilun 8 fr		
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# POR STATE

# TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the conficie, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be indeed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained our files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57 2

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05202

									Reg. I	Dist. No. V	0000
o. COUNTY B	altimore		227 "	RYLAND	2. USUAL RESIDE		Where decem	b. COL		dence before	admission)
and give nearest tax	(If outside corporate fimile, write) hase	PURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	WN (I		porote limits, w	rite RURAL ar	nd give near	est town) 🗸
d. NAME OF HOSPI	TAL OR INSTITUTION (	If nat in hos	pital, give street add	ress)	d. STREET ADD		YATTTE		0.10	e	IS RESIDENCE
	ural				39 Edgew	boo	Lane			Y	ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir	rice	Middle D		CLEA	מער מ	4. DATE OF DEATH		onth	Day	Year 180
5. SEX			ED T NEVER MARR	ED DIB	. DATE OF BIRTH	all -		9. AGE  In year			UNDER 24 HRS.
М	W	WIDOWE		E 7	July 5,1	912		fost birthday)	Months		ours Min.
during most of work	ION (Give kind of working life, even if retired)	1 1						country)	12. CI		HAT COUNTRY
	Industrial	KeT.	Inter Ch	emic	1		HIO			U.S.	A.
13. FATHER'S NAME					14. MOTHER'S MA		NAME				
un	known				unknow	n					
15. WAS DECEASED E (Yes, no, or unknown) NO	VER IN U. S. ARMED FO	american b	9-14-2230		red.H.McG	rat	h & S	on, 20	Cedar	St <sup>Br</sup>	onxvill N.Y.
Conditions, if gove rise to imme (o), stoting the couse lost.	ediote couse										
NA CATA	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE	ETERM	INAL DISEAS	E CONDITION	GIVEN IN PA		ERFORMED?
	ONTRIBUTING   20	b. DESCRIB	Airplane			in Poi	t t or Port II	of item 18.)			
20c. TIME OF INJU		or 20d.	INJURY OCCURRED	20e. PLA	CE OF INJURY (Hom	e, forn	n. 20f. (City	or town)	(Co	ounty)	(State)
Hour 3500		KQ of wo	Not while ork of work		ory, street, office bld			236	Pa	lto.	Md.
21. 1 certify t	hat I took charge resulted fram: I	of the	remains describ	ed abo	ve, held an Au	utops ],		nspection [		manner	and in my
EXAMINER'S NAME (Type)	M.B. Davi	s. M.	D <sub>a</sub>	ă l	ASSISTANT		AL EXAMINE EXAMINER		5/	14/59	7
220. BURIAL, CREMATI REMOVAL (Specif REMOVAL) 23. FUNERAL DIRECTO	5-14-5	F	22c. NAME OF CEMI	seph	temeters	a. REC'	Bro Bresist	HON GITY TOWN  A * * * * * * * * * * * * * * * * * *	in to secondary	hio /Yøyk GNATURE	(State)
	Inc., 1217	St. I	aul Stree	et, Ba				'59	arthun.	S. Kraus	

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\_ MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CATE OF DEAT	Н		Reg. Dist. N	lo.
2. USUAL RESIDENCE (W	here deceased I	lived. If institution	on: Residence be	efore admission)
O. STATE MAR	YLAND	D P. COUNTA	BALTII	MORE CIT
b c. CITY OR TOWN (IF	outside corpora	te limits, write R	URAL and give r	nearest town)
SALT	IMOI	RE		3101.4
d. STREET ADDRESS	CRAN	STON	AVE	e. IS RESIDENCE ON A FARM? YES NO
CLEMENS	4. DATE OF DEATH	Mon	<sup>1h</sup> 3	Day Year 1959
8. DATE OF BIRTH 7 21 13		AGE (In years jost buthday) yrs.	Manths Doys	AR IF UNDER 24 HRS.  Hours Min.
NOUSTRY IN. BIRTHPLACE (SION	or foreign could	ntry)	12. CITIZEN	OF WHAT COUNTRY?
14. MOTHER'S MAIDEN		Mc	DOR	MAN
17. INFORMANT		Adds	ress	
Hospital Reco	rds.M	t.Wilso	n Stat	e Hospita
			110	NTERVAL BETWEEN
CED PULM	1 2410	THBER	CULOSIB	4 years
BUT NOT RELATED TO THE TERM	NNAL DISEASE (	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
RRED. (Enter nature of injury in	Part I or Part II	l of item 18.)		
PLACE OF INJURY (Home, form foctory, street, affice bldg., etc.	n, 20f. (City o	r tawn)	(Count	y) (State)
7 1959 to	5/71	1059	that I last	sow the deceased
1 65	A 4 6			
dili decorred di 1		et, city or town,		late stated above.  DATE SIGNED
M.D. Mt. Wi		Mar yla		
Superi	ntende	ent		
Y OR CREMATORY		ON (City, town, c	or county)	(State)
n Cemetery	Rocki	ngham (	County	,Va.
	D BY REGISTRA		TRAR'S SIGNAT	
lus Va DATE J	UN 9 '59	) C	illing & to	caus A

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		ĺ	DESE		CERTIFIC	AT	E OF D	EATH	1		Re	g. Dist.	No.		
1. PLACE C	of DEATH				MARYLAND		USUAL RESIDE		ere decease	d lived. If insti b. COUN		esidence b Balto		dmissi	on)
RURAI	OR TOWN (IF I and give ne Catonsv		e limits, write	c. LENGTI	H OF STAY IN 16	5			sville	prote limits, writ	e RURAL	ond give	negrest	fown	
OR IN	NSTITUTION	AL (If not in hospi tothy!s I		oddress)			d. STREET AD		imoths	r's Lan	2		(	A NC	DENCE FARM? NO
3. NAME C DECEASI (Type or	ED	I	First	EGI	Middle ERTON	C	Lost		4. DATE OF DEATH	A	May	-8.73	Day		9 59
s. sex fem	nale	6. COLOR OR RA	ACE 7. MARE		VER MARRIED [	1 -	ate of Birth	. 18	82	9. AGE (In year lost birthdo:		NDER 1 Y		UNDE	R 24 HRS. Min.
during	most of work	N (Give kind of wing life, even if ref. (rtd)	tired)	KIND OF B	USINESS OR IND	USTRY		CE (Stote	or foreign c	ountry)	1	2. CITIZE	OF W	VHAT	COUNTRY
3. FATHER						14	4. MOTHER'S A	AIDEN N	AME						
S	pencer	T. Oldr	nam				A	nnie	Eliza	abeth -					
15. WAS DE		IN U. S. ARMED		SOCIAL SE	CURITY NO. 17.	INFO	RMANT			1	ddress				
	10				1	li se	Miria	m 0.	Coate	s - St.	Tir	mothy	15	lar	ie.
18. CA	AUSE OF DEA	TH [Enter only or	ne couse per li	ne for (o). (			50						NTERV	AL BET	WEEN
	PART I. DEAT	H WAS CAUSED	BY:	10	Quen els		(den	2/2				1	DNSET	AND	
11	112 Y	IMMEDIATE CAU	E TO	100	/	1	1						4		2
4	TUN.		2 10	140	enton t	1,3	a linto	2005	a Con-	0.0 (18	10		11	06	11/200
	ditions, if an	nmediate	(b)	17/	Drung		+ ww	1100	reco le	tic o	410		-	-00-	MCDO)
couse	(a), stoting t		(c)	9											
CATION	P	erelicant	conditions of	ONTRIBUTI	NG TO DEATH BL	rel	related to t	HE TERMI	NAL DISEAS	SE CONDITION	GIVEN II	N PART 1(	' P	ERFO	NO TO
20a. AC OR CO (IF EITH	CCIDENT WAS INTRIBUTING HER, NOTIFY	S UNDERLYING [ CAUSE OF DE MEDICAL EXAMIN	20b. DES	CRIBE HOW	INJURY OCCUR	RED. (E	nter noture of i	injury in I	Port I ar Por	t II of item 1B.)					
	ME OF INJURY four o.m. p. m.	Month, Day,	Year 20d. II While of wor	NJURY OCC Not w	hile f	PLACE ( foctory,	OF INJURY (Ho , street, office b	ome, form oldg., etc.	20f. (City	y or town)		(Covi	ity)		(Stote)
21. I alive		of Lattended 5/15	the deceas	^	and that deat	//	, 19 <u>59</u> , curred at!!		5/17 M, from	n the cause	59, the s and	at I las an the	t saw date :	the state	decease d abave
ACTUA SIGNAT	L TURE	James	5 9 1	nola	4	_ M.D.	Mall	w/	ADDRESS (S	treet, city or ton	yn, stote	mos	629	m	TE SIGNE
PHYSIC		UJA	MES)	1. 1	YOLAN	<u>r</u>									
REMOV	L, CREMATION VAL (Specify) Mi al	5/20/5	ereof		ne of CEMETERY		ematory Cem.			TION (City, tow				(Stote	)
	AL DIRECTOR'S	SIGNATURE	ques	- PADDE	ESS POLLS -	BA	nola		AY 2 0		_	R'S SIGNA		Ł	

may be retained by the haspital ar attending physician.

TO FUNERAL DIR

R. After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be zetached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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ARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH-BALTIMORE,	18
5.0	20				

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Ullrich Funeral Home Dundalk, Md.

05204

CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Edgemere Edgemere d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2626 Edgemere Ave. Edgemere Ave. YES NO NAME OF 4. DATE First Middle Last Month Day Yeor DECEASED CARTER MELVIN (Type or print) COATES DEATH May 5 19 59 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Days Hours Male White WIDOWED X DIVORCED | June 10. 1894 64 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Steel Smelter Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida V. Hensen Smith M. Coates 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address No. 213-07-4953 Clifford Coates, 130 Milford Drive. San Antinio 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) Month, Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Nat while at work at work p. m 21. I certify that I attended the deceased from 1952, that I last saw the deceased and that death accurred of 20 377M, from the causes and an the date stated above. alive on ACTUAL SIGNATURE PHYSICIAN'S nu NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF 22d. LOCATION (City, town, or county) (Stote) Burial (Specify) Bumpy Oak Cemetery 1959 Pomonker, Md. May 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE MAY

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5232 **CERTIFICATE OF DEATH**  Reg. Dist. No. 05206

	keg. bisi, ito. o o o
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Oella	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 6 Spring St.	/ d. STREET ADDRESS  6 Spring St.  9. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF First Middle DECEASED (Type or print) JOHN ALBERT CRAMBLITT	Lost 4. DATE Month Day Yeor OF DEATH May 24,1959 19
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     Male   White   WIDOWED   DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Additional loss birthday)   Months   Days   Hours   Min.   Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  Isborer	Maryland
A3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
(Yes, no. or unknown) (If yes, give wor or dates of service)	Mrs.Esther Zellmer, Oella, Md
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO  (c)	FAILURE ONSET AND DEATH 2 Days lerotic Cardiovascular 10 Yrs -
ICATIC	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO (Enter nature of injury in Port 1 or Port 11 of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	i.e. tener notore of injury in control for the first the first
20c. TIME OF INJURY Month, Doy, Year Hour o. m., p. m. 19 While of work of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 4-9 alive an 1959, and that deat  ACTUAL SIGNATURE  PHYSICIAN'S PETER V. THORPE MY NAME (Type)	th accurred at 11:15 PM, fram the causes and an the date stated above ADDRESS (Street, city or town, stote)  M.D. COLUMBIA RD  STUTEOTT ETT, MD
220. BURIAL, CREMATION, REMOVAL (Specify) Burial  220. DATE THEREOF St. Johns	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Ellicott City, Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F.C. Higinbothom Ellicott City.Md	DATE MAY 2 6 '59 Conthus & Kons

funeral director. may be retained by the hospital ar attending physician.

O FUNERAL D. 170R: After this certificate has been signed by the attending physician and campletely filled in by page 3 shaulance detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. may be retaing TO FUNERAL D

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 1SM 9/S5

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TOTAL MEDICAL EXAMINER: This certificate should be executed within 24 hours other death. If any delay is necessary, please exe	the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should b	hie	NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior of burial-transition
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sho	forwarded in Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.
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VS. A	15ME(5) 9/55

ARYLAND STATE DEPAR	TMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH	Reg. Dist. No. 207
7000	2. USUAL RESIDENCE (Where deceased lived. If Instit	

1. PLACE OF DEATH o. COUNTY Ba	altimore	5	233 MARYLA		STATE Mar	Where decease	ed lived. If Institu b. COUNT		imore	
b. CITY OR TOWN I	If outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	lb c.	CITY OR TOWN (	If outside corp	orote limits, write	RURAL and give	nearest to	wn)
		If not in hosp	pital, give street address)	d	STREET ADDRESS	10110011				ESIDENCE
W:	iltonwood Re	oad		/	Wil:	tonwood	Road			A FARM?
3. NAME OF	Fir		Middle		Last	4. DATE OF	Montl	h D		fear
(Type or print)	St	nart.	Cel by	C	ROOKS	DEATH	May	5	1	9 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		OF BIRTH		9. AGE tin years	IF UNDER TYE	R IF UND	ER 24 HRS.
Male	White	WIDOWED	DIVORCED [	Mar	ch 12.1	944	Inst birthday)	Months Days	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work ing_life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	OUSTRY   11.	BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
Scho	01	S	udbrook H	lgh	Maryla	nd		U.S	. A.	
13. FATHER'S NAME				14. M	OTHER'S MAIDEN	NAME				
	Gordon L.	Croo	ks		Libb	v Cha	archee			
15. WAS DECEASED ET	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	7. INFORM	ANT		Address			- 1- 8
No	None			Pik	esville	Polic	ce. Pik	esvill	e.Md	
18. CAUSE OF DEA	ATH [Enter only one cou	se per line f	or (a), (b), and (c).]					LIN	TERVAL BETWE	EEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	M <sub>2</sub>	ltiple Guns	not Wo	unds of	Chast.		ľ	ASEL AND DE	AIR
976 X	DUE TO		Totpie dans.	AU II WILL	mus or	OMGID VA			1-0	
Conditions, if	ony, which) (b)									
gove rise to imme	ediote cause					- 77				
(o), stoting the couse lost.	(c)		345000000000000000000000000000000000000							
Z PART II. OT			NTRIBUTING TO DEATH 8	UT NOT REL	ATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(o	19. WAS	AUTOPSY
X									PERFO YES X	RMED?
PART II. OT	USE WAS DITRIBUTING   20		t self in c		ure of injury in Po	rt I or Port II o	of item 18.)	14.50		
3 20c. TIME OF INJU	JRY Month, Day, Yes		VJURY OCCURRED 20e.		NURY (Home, for	m. 120f. (City	or town)	(County)		(Stote)
20c. TIME OF INJU	5/5 10	While	Not while	factory, stre	et, office bldg., etc	c.)	10.000-00.00			
			emains described of		ld as Auton		evenson	Balti		Md.
	from: Natural		. //		-		spection [],	Inquiry [	_, and	tind that
death resolved	Trom: Natural	Causes _	J. Accident [],	Suicide	, Hamicid	e 🔲, Un	determined o	ause [].		
ACTUAL	Jane 1.	/	meri		CHIEF HERICAL F	VALUE			DATE S	IGNED
SIGNATURE		-	110 00	M.D.	CHIEF MEDICAL E				5/6/5	'n
EXAMINER'S NAME (Type)	D F	On and w	W D		ASSISTANT MEDIC				2/0/2	7
	Paul F.	Orietati	M.D.		DEPUTY MEDICAL	EXAMINER				
220. BURIAL, CREMATION REMOVAL (Specify	ON. 22b. DATE THEREC		22c. NAME OF CEMETERY	OR CREMA			ION (City, town,	or county)	(Stote	0)
REMOVAL (Specify Burial	ON, 22b. DATE THERECO		22c. NAME OF CEMETERY Druid Rid	OR CREMA		22d. LOCAT		0	(Stote	0)
REMOVAL (Specify	ON, 22b. DATE THERECO	)F	22c. NAME OF CEMETERY		TORY  emetery  240 REC	22d. LOCAT	ION (City, town, o	0	URE	•)

# 10 mm a 25000 . . . THE RESIDENCE OF SHARE STREET, The second of the second of the that I be also and the annual factor and the Latter Late of the State of a A 6

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH -EALTHMORE, 18
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# Item 1 FilmG243 6-8-59 et CERTIFICATE OF DEATH

05209

	Reg. Dist. Ho.
1. PLACE OF DEATH 5234	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Mariland COUNTY Balton on &
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate timits, write RURAL and give nearest town)
OR and give nearest town) TOWN (in this place)	50 TOWN COLLEGE
HOSPITAL OR	STREET (Il rurel give locetion)
STREET ADDRESS "Private home"	ADDRESS & Santord are
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yaar)
(Type or Print) Beryl C Par	remport DEATH may 3/ 1959
RACE WINOWED DIVORCED	PF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
Terrale White (Specify) widowy, may	1 1884 75 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if QR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
retired) Housewike at Home	ankerent new York (COUNTRY)
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
albert Ellis	linkown.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 4. Seriond and
(Yas, no, or unk.) (If Yes, give wer or detes of service)	mis adelbert moods
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETTEEN ONSET AND DEATH
4 Cole Jestin Le	cart bailing die to
ANTECEDENT CAUSE(S) DUE TO	- · Vrsil li
DISEASES OR CONDITIONS, IF ANY, (B) CHICKE SCLEW	er ( Vilreans)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	
WAS THURSDAY OF GENERALON	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. et work At work	
22. I hereby certify that I attended the deceased from	1958 to May 31, 1959 that I last saw the deceased
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
SIGNATURE	ADDRESS (Street-sity, town, stele) DATE SIGNED
(10 das) - Herseus/ Ly) m.p.	1800 Holles ferry ld (1/1/59
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county) (State)
Bunial 6/4/59 (Inkan)	+ Como ankount Mal
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. INNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE JUN 3 '59 Cribus S. Krous	Samuel For 304 mtolelle

MARYLAND SYATE DEPARTMENT OF HEALTH-BALTHAGE IS

# HIANG TO HTADENTHO

South Street of Page Land and Page 241 (42) And Street Bridge St. D. 201 made later and an investment and the property of the later of the telephone and the later of the

# TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nead cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director forwarded to Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to

If any delay is necessary, please exerce function director. Page 4 should be

M

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05210

Reg. Dist. No.

	timore	*2	MARYLAI	d. STATE	D.C.		ed lived. If Institu b. COUNT	Υ		
and give nearest low		RURAL	. TENGTH OF STAY IN				orate limits, write	RURAL and g	ive neares	I town)
Cha		(f ) !- ! - !			shingt	on	4	4/X - 2		
Rur	TAL OR INSTITUTION (	ir nor in nospiro	ii, give street adaress)		Sarge	ant. Re	d. N.E.			S RESIDENCE ON A FARM? S NO
3. NAME OF	Fire	at .	Middle			4. DATE	Mont	h	Day	Year
(Type or print)	CEOR.	GE.	ANTHONY	DAT	3 1 1 1 1	OF DEATH	May		2	19 59
5. SEX			NEVER MARRIED				9. AGE (In years	IF UNDER 1Y	EAR IF U	NDER 24 HRS.
М	W	WIDOWED [	DIVORCED [	Mar. 28	3.1921		38 yrs.	Months Do	ys Hou	Min.
staff su	ON (Give kind of work on the life, even if retired) perintend		.& P.Tele		vashir				SA	AT COUNTRY
13. FATHER'S NAME				14. MOTHER	S MAIDEN N	AME				
Calv		Davis			Iren	ne 1	Douglas	S		
15. WAS DECEASED ET	/ER IN U. S. ARMED FO (If yes, give war or dates of		CIAL SECURITY NO. 17	. INFORMANT	(CL 37)		Address			
Yes	W.W. 11		-05-7303	Mrs.Ge	O.A.D	a.vis	5101 Sa	argent	Rd.	N.E.
Conditions, if gave rise to imme (o), stating the cause tast.  PART II. OT  PART II. OT  PRIMARY EN OF CO CAUSE OF DEATH.	diate cause					NAL DISEASE	CONDITION GIV	EN IN PART 1		RFORMED?
	NIKIBUTING L	Air	lane crasi	PLACE OF INJURY	(Home, form,	20f. (City		(Count	1)	(Stote)
20c. TIME OF INJU		59 While at work [		foctory, street, officer over f		Chas	0	Balto		Md.
21. I certify t	hat I took charge	of the rem	nains described a	bove, held a	n Autopsy	M. In	spection ,	Inquiry	$\square$ , an	d find that
death resulted  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	from: Natural	10	Doune	M.D. CHIEF	MEDICAL EXAMINATION MEDICA	AMINER [	_	ause .	DAY	SE SIGNED
220. BURIAL, CREMATIC	Charles O		. NAME OF CEMETERY				ION (City, town,	or county)	(5	State)
Burial Burial	May 16,	1959 F	ort Linco	ln Ceme	tery	Pri	nce Geo	rges (	Co.M	d.
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			BY REGISTR	AR 24b. REGIS	TRAR'S SIGN		
H. Sander	& Sons, I	nc., B	altimore,	Md.	DATE	MAY 1 5	'59	Irthun S.	Times	1

ar remaval.

	#5.7 un.in 8				Charles .	
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	AND THE STATE OF THE PARTY OF T	40.0				
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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5236 CERTIFICATE OF DEATH

Reg. Dist. Nol) 5211

a. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If instit b. COUN		before admission)				
b. CITY OR TOWN RURAL ond give Fort Howa		c. LENGTH OF STAY IN 16								
d. NAME OF HOSP	ITAL (If not in hospital, give stre		d. STREET ADDRESS	- J V	01-4	IS RESIDENCE				
Veterans .	Administration	Hospital	2701 N.	Charles Stree	t (18)	ON A FARM? YES NO 2				
3. NAME OF DECEASED (Type or print)	FRANCIS	Middle A. E.	DeBULLET	4. DATE OF DEATH MAY	Aanth	7 19 59				
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yea	rs IF UNDER I	YEAR IF UNDER 24 HR				
Male		WED DIVORCED	April 30, 19		rs. Months D	Doys Hours Min.				
10a. USUAL OCCUPAT	ION (Give kind of wark done 16 orking life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZ	EN OF WHAT COUNT				
Clerk	and, order in remedy	Insurance (Blue	Cross)Baltimo	re, Maryland	U.	S. A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
Leon DeBu	llet		Laura Whit	eley						
		6. SOCIAL SECURITY NO. 17.	NFORMANT	A	ddress					
Yes, no, or unknown)	(If yes, give war or dates of service)	216-32-72L3 C	lin.Rec. Vet.	Adm. Hospital,	Ft. Ho	ward. Md.				
	ATH [Enter only one couse per					INTERVAL BETWEEN				
	ATH WAS CAUSED BY:	ARCINOMA OF STO	MACH			ANGE AND ESATH				
151x	DUE TO	MICTIGUE OF DIO	12011			o ionilia				
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE CONDITION (	GIVEN IN PART I	I(a) 19. WAS AUTOPS				
		Laparotomy 4/14	4 .			PERFORMED?				
200. ACCIDENT W OR CONTRIBUTING		ESCRIBE HOW INJURY OCCURRE				TES NO E				
20c. TIME OF INJU Hour o. m. p. m.	Whi		ACE OF INJURY (Home, farr ctory, street, office bldg., etc	m, 20f. (City or town)	(Con	unity) (State				
21. I certify t	hat X attended the dece	osed from April 23	19.59 to Ma	y 7 195	9 XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
		XXXXX and that death	occurred at 10:10	PM, from the causes ADDRESS (Street, city or tow	and on the					
PHYSICIAN'S NAME (Type)	OHN W. CRAWFOR	D, M.D.	M.D. VA HOSPIT	'AL, Fort Howa	rd, Md.	5/8/59				
220. BURIAL CREMATIC REMOVAL (Specify Burial	ON, 226. DATE THEREOF 5-9-59	Loudon Park		22d. LOCATION (City, town Baltimore, M	or county)	(Stote)				
23. FUNERAL DIRECTOR	P'S SIGNIATURE	ADDRESS			GISTRAR'S SIGN					
John O. M	& Sons	Inc. 00 Eutaw Pl. Ba								
JOHN U. M	There is a second	TO BULLEW LT DO	TOO TIME I PURSUA	1 33 0	rthur & #1	ansa#				

SERVICE THE OF DEATH Said (disperse to be 2 to 1 THE RESERVE THE PROPERTY OF THE PARTY OF THE service and little for the state of the stat THE SECOND SECON ALM DELICIS TO US TO YOUR PLANTS OF A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5237

**CERTIFICATE OF DEATH** 

Reg. Dist. No. U5212

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL o. STA	RESIDENCE (N		lived. If instituti b. COUNTY		timor			
b. CITY OR TOWN (II	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
RURAL and give nearest town)  Kingsville					X Kingsville							
d. NAME OF HOSPIT	/d. STR	EET ADDRESS				e. 1S	RESIDENCE					
OR INSTITUTION		Rela	ir Rd.			0	N A FARM?					
3. NAME OF	elair Rd.		Middle		Lost	4. DATE		at .				
(Type or print)	Frede	rick	I	ecker		OF DEATH	Ma	ay	Doy 21,	19 59		
5. SEX	6. COLOR OR RACE	BIRTH		9. AGE (In years last birthday)			JNDER 24 HRS.					
Male	White	WIDOWED	DIVORCED [	Jan.	20, 1	878	81 yrs.	Months	Doys Ho	ours Min.		
10a. USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b. Kl	ND OF BUSINESS OR INDU	JSTRY 11. 81	RTHPLACE (Sta	ite ar foreign co	untry)	12. CIT	ZEN OF W	HAT COUNTRY		
carpenter-Re		C	onstruction		Baltin	more, Mo	d.		USA			
13. FATHER'S NAME				14. MOT	HER'S MAIDEN				0.000			
Fre	derick J. I	ecker	t		Maj	ry Kra	ch			-		
15. WAS DECEASED EVER	R IN U. S. ARMED FORCE	ES? 16. SC	CIAL SECURITY NO. 17.	INFORMANT			Add	lress		4		
No	ir yes, give wor or dures at ter	214	-01-9190 Mr	s. Mam	ie W. I	Deckert	Belair	Rd.	Kingsv	rille Md		
PART I. DEA:  Conditions, if or gove rise to in couse (o), stoting lying couse last.  Part II. OTH  20a. ACCIDENT MA  OR CONVERBITING	DUE TO  (c).  ER SIGNIFICANT COND  S UNDERLYING  CAUSE OF DEATH  MEDICAL EXAMINER  ( Month, Doy, Year	DITIONS COL	NTRIBUTING TO DEATH BUT THE PROCESS OF THE PROCESS	ED. (Enter no	ED TO THE TER	MINAL DISGASE in Part I or Port	It of item 18.)	VEN IN PAR	1 (o) 19. W	VAS AUTOPSY ERFORMED?  (State)		
	19	at wark [	13 7	1	1114	1/2	1 17	,				
21. I certify the alive across 5	ford J	195	grand that death fundament	Mo.	50N			and an th		the deceased tated above.  DATE SIGNED		
220. BURIAL, CREMATION	N, 22b. DATE THEREOF		22c. NAME OF CEMETERY C	OR CREMATO	RY	22d. LOCAT	ION (City, town,	or county)	(	(State)		
REMOVAL (Specify) Burial	May 25,19	59	Parkwoo	d			Baltim		Md.			
23. FUNERAL DIRECTOR'S	S SIGNATURE	ome	7401 B	louis	240. RE	C'D BY REGISTE	RAR 24b. REGI	STRAR'S SIC	8. Kraus			

TO FUNERAL DIS VS A15 (4) 15M 10/57

ST EROMELAN - NUMBER OF THE OF STATE OF A ST CERTIFICATE OF DEATH account of the state of the second

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VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05213

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Baltimore		5238 MARYLAND	2. USUAL RE 0. STATE			ed lived. If Institu b. COUNT		ce before ode	mission)
	and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OF		outside corp tersto	porate limits, write WN	RURAL and	give nearest t	own)
		AL OR INSTITUTION (	lf not in	hospital, give street address)	Berryman's Lane . IS RESIDION A FA						
	NAME OF DECEASED	Fir		Middle	Los		4. DATE OF	Month		Day	Year
	(Type or print)	6. COLOR OR RACE	ran	and those or	DeVe	THE RESERVE OF THE PERSON NAMED IN	DEATH	May			1959
3.	SEX	DATE OF BIRTH  9. AGE (In years lost birthday)  Months					YEAR IF UN	DER 24 HRS.			
	Male	White		WED DIVORCED	Oct.2			69 yrs.		11001	Willia.
100	usual occupation during most of working Cattle	RY 11. 8IRTHPLACE (Stote or fareign country) 12. CITIZ  Maryland					EN OF WHAT COUNTRY?				
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME				
	John	W. Deves	0			Mar	v E.	Fishpaw	1		
		R IN U. S. ARMED FO	RCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT		3	Address			
(Ye	NO NO	(If yes, give wor or dates of	service)	218-32-1035	Grace	M. D	AVASE		terst	own,l	ia.
1				line far (a), (b), and (c).	41400		01000	, 1010	00101	INTERVAL BETY	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Gunshot wound of head  Conditions, If ony, which gove rise to immediate cause  (b)  ONSET AND DEATH										
	(a), stoting the underlying DUE TO cause lost. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
CERTIFICATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PART	1(a) 19. WAS PERF YES K	ORMED?
CERTIFI	20a. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	ISE WAS 20	b. DESC	Shot self in h		jury in Par	t I ar Part II	af item 18.)			
MEDICAL	20c. TIME OF INJUR			Od. INJURY OCCURRED 20e. PLAC Vhile Not while to factor	E OF INJURY (	lome, form bldg., etc.	20f. (City	or town)	(Coun		(State)
~		at I took charge		e remains described abo	Road	Autone	· 🔝 1.	nanation 🗖			
1		fram: Natural		- / / -		amicide		nspection [], ndetermined c	-	, and	find that
	ACTUAL SIGNATURE	Char	les	S Petty-	_M.D. CHIEF A	EDICAL EX	AMINER [				SIGNED
	EXAMINER'S NAME (Type)	Cl	narl	es S. Petty, M.D			AL EXAMINE EXAMINER [	-		5/	12/59
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO		22c. NAME OF CEMETERY OR				TION (City, lawn, o	or county)		ote)
-		May 14,	195		ardens			iksburg		Md	•
	J.F.Eline		Re	eisterstown, Md	•		D BY REGIST		TRAR'S SIGN		
-							1 4 77	1 1.70.60	111 0 111		

MENCAL EXAMPLEMES CHARLENTE OF DEATH supra \$8500 analyza Property the times could THE PERSON NAMED IN THE REPORT OF THE PERSON OF TH ALLES VILLEBIL, Chinia and new their things on over the beautiful attention , who have the start can be a second All of the later of the second to the later of the arriver to the company of the energial of the contract that the search against some of the group death from the The state of the s The Course of th THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADD AUTO A CONTROL OF MARKET NOTE OF THE PERSON AND THE And the state of t

VS A15 (4) 15M 10/57 M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5239 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Balt	0.		MARYL		usual RESIDEN		deceased l	ved. If instituti b. COUNTY		Balt	mission)	
Balto	(If outside corporate limit	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Balto. 6							
OR INSTITUTION	tTAL (If not in hospital, g le Avenue	ive street	oddress)		/ d. STREET ADDRESS  32 Sipple Ave.  e. IS FOR							
3. NAME OF DECEASED (Type or print)	IRENE	st	Middle S .		Lost		DATE OF DEATH	Mor Mav		Doy	Year 19 59	
sex female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE		oate of Birth	1872	9.	AGE (In years last birthday) 86 yrs.	-		NDER 24 HRS.	
0a. USUAL OCCUPATE during most of wo at home	ION (Give kind of work rking life, even if retired	done 10b.					foreign cour		12. CII	TIZEN OF WI	HAT COUNTRY	
3. FATHER'S NAME				1	4. MOTHER'S MA					Tara ii		
	JONES ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		chel	Jones	Add	ress			
Yes, no, or unknown[	(If yes, give war or dates of s	ervice)		Mr.	Vernon	Dix -	11102	Marhle	Hall	Rd.		
Conditions, if gove rise to couse (a), stating lying couse lost.	immediate DUE TO	)	elugh ale	rel	- leur	ti o	ru	PKH A	VENTINI DAR	/ Valle W	Syn	
5						10 519			VEIN IIN I AK	PE	RFORMED?	
OR CONTRIBUTING	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	ZUB. DESC	CRIBE HOW INJURY OC	CURKED. (I	inter noture of in	ijury in Port	I or Port II	of item IB.)				
20c. TIME OF INJU Hour o. m. p. m.	10	20d. It While of worl	Not while	20e. PLACE foctory	OF INJURY (Hor , street, office bl	me, form, (dg., etc.)	20f. (City or	town)	(1	County)	(State)	
21. I certify to alive an  ACTUAL SIGNATUREPHYSICIAN'S TO NAME (Type)	hat I attended the Way 6	decease , 12 s		death ac	, 19 JG, courred at J			the causes of the city or town, RLE	and an t	last saw the date st	he decease noted abov DATE SIGNI ALIO	
REMOVAL (Specify Burial	5/14/59	F	22c. NAME OF CEME				Balto	(City, town,	ar caunty)	(	State)	
3. FUNERAL DIRECTOR	VICHUL	14	YOUR -	Mey	1	ATE MAY	r registra	R 24b. REGI	STRAR'S SIG	GNATURE Kraua		

9 10 1 H				
And the state of	HTABO TO STA			
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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STA	ATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  I tem 3 FilmG242 5-18-59 et  Reg. Dist. ND 5 329
HEALTH B	EPT.		PLACE OF DEATH  COUNTY  B  1
r. Pogor. F Heolth		Ь	CITY OR TOWN (If outside carporate limits, write RURAL ond give nearest town)
directo our	\ <u></u>	d	NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS. RESIDENCE
y is nerol ined ined ste Bouth.	X	2 1	903 Edwarden on 903 Edwarden on VES NO D
y delo he fur e relo he Sto er dec		1	NAME OF DECEASED Type or print) Serena V. Dixon Rancall Coff DEATH DEATH DEATH 19-59
If an 3 to t may b with t urs off		5. S	EX 7 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 770 9. AGE (In your founder 17EAR IF UNDER 24/185.  WIDOWED DIVORCED 77 795. Months Days Hours Min.
death. 2, ond 3ge 5 and 2 72 ho		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
A3. Poss I Person		13.	FATHER'S NAME 14. MODINER'S MANDER, NAME 1
hours wm Ph		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEGURITY NO. 17. INFORMANT Address
hin 24	I	[Y+1.	no, er unhought (If yes, give wer or dotes of service) Annaholysie & Saray
ded with the long ond is	ond in		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Cause Constraint Course of Course Cour
il in I		-	422.1 DUE TO 0
ld be er's O buriol- ar ren			Conditions, if ony, which (b) (b) (b) (b) (b) (b) (b) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
shau mg' ing' ing as a stion,		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
pend pend cremo	0	FICATIC	PERFORMED? YES NO []  200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port Lor Part II of Item 18.3
word 'f Med orld be		L CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
NER: The rig the Chie		MEDICAL	20c, TIME OF INJURY Month, Doy, Yeor Hour a, m. 19 of work of work 19 of work
Mariting 1 to the print			21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
State, order			opinion death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined monner .
MEDY Corp P DIN Snotec	2		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
Sould b		-	EXAMINER'S EO. S. M. RIE FER M.D DEPUTY MEDICAL EXAMINER D MAJE, ST
or its			Burial Specify Bushey Park Cem 22c. NAME OF CEMETERY OR CREMATORY Howard Co., Md. (Stote)
VS. A15ME 5M 2/57			funeral director's signature  Address  TB. Frances A. Hemsley 578 W. Biddle St  Date MAY 1 3 '59  Address  Addr

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			Mary 1984	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR may be retained TO FUNERAL DIE

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5241 **CERTIFICATE OF DEATH** 

Rea. Dist. No.

	. PLACE OF DEATH o. COUNTY Baltimore			YLAND	SUAL RESIDENCE STATE Marylan	(Where decease	d lived. If institut b. COUNTY		e before admi	ssion)			
	b. CITY OR TOWN (If RURAL ond give new	outside corporate limits, wa orest town)		Y IN 1b c	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Fort How		19 Days		Baltimo	-	3 V	01-4	4				
	OR INSTITUTION	AL (If not in hospital, give s	treet oddress)		S. STREET ADDRESS					SIDENCE A FARM?			
	Veterans	Administrat:	ion Hospital		2016 Mc	Culloh	Street	(17)		NO A			
3	NAME OF DECEASED (Type or print)	GRANT	Middl		Lost	4. DATE OF DEATH	May	nth	25 25	Yeor 19 59			
1	. SEX	6. COLOR OR RACE 7.	MARRIED TO NEVER MARR	IED 8. DA	TE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND				
	Male		DOWED DIVORC		rember 25	. 1888	last birthdoy) 70 yrs.	Months [	Days Hours	Min.			
۱	00. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS	OR INDUSTRY 1	1. BIRTHPLACE (SI	ote or foreign c	ountry)	12. CITIZ	EN OF WHA	TCOUNTRY			
4	Laborer	ng me, even it renred)	Steel Compa	ny	Monroe,	Louisia	na	U.	S. A.				
Ī	3. FATHER'S NAME				MOTHER'S MAIDE								
	Henry Doct	rv			Sarah Ke	llv							
Ī	S WAS DECEASED EVER	IN II S APMED EODCESS	16. SOCIAL SECURITY NO	D. 17. INFORA			Add	ress					
1	Yes, no. or unknown) Yes	f yes, give war or dates of service)	765-10-3198	Clin.I	Rec. Vet.	Adm. Hos	pital.Fo	rt How	ard. M	arvla			
	PART I. DEAT  443×  Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	DUE TO y, which (b) I	EREBRAL THRO	OMBOSIS CARDIOV		DISEASE			19 D	AYS  DWN			
0.0								VEN IN PART	PERF(	ORMED?			
	200. ACCIDENT WAS	MEDICAL EXAMINER)	DESCRIBE HOW INJURY O										
	20c. TIME OF INJURY Hour o. m. p. m.	W W	7hile Not while work of work	20e. PLACE O foctory, s	F INJURY (Home, for treet, office bldg.,	orm, 20f. (City etc.)	or town)	(Co	ounty)	(Stote)			
1	21. I certify the	at aftended the dec	eased fram May	6	19.59 to M	lay 25	1959	30000	200000	20000			
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	In W. CRAWFO	awford  RD. M.D.	t death accu		ADDRESS (Si	n the causes of treet, city or town, RD, MARYI	state)		ed obove ATE SIGNE			
2	20. BURIAL, CREMATION	I, 22b. DATE THEREOF	22c. NAME OF CEM	SETERY OR CREA	MATORY	22d 10CA	TION (City, town,	or county)	/6+	10)			
	BUT 1	5-29-59	Baltimore						(Sto	iej			
-	1.11.12	19-11			ar neller	ELIA DE	LIMOTE.	arvla	20				
_12	FUNDAN DIRECTOR'S	SIGNATURE	ADDRESS			EC'D BY REGIST		STRAR'S SIGN					

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VS A15 (4) 15M 10/57

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MARY	LAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
;	524	2	CERTIFICATE	OF	DEATH	

		• • • • • • • • • • • • • • • • • • •	524	2 CERT	IFIC	ATE OF I	DEATH			Reg. Dist.	No.	05216
1.	PLACE OF DEATH COUNTY Bal timor	e		MAR	YLAND	2. USUAL RESI	4	ere deceased liv	b. COUNTY	on: Residence	before o	odmission)
	b. CITY OR TOWN (I RURAL ond give no Catonsvi	If outside corporate earest town)	limits, write	c. LENGTH OF STATE	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospi				Jaure Jane	DDRESS	Ave.			- '	S RESIDENCE ON A FARM? ES NO X
3.	NAME OF DECEASED (Type or print)	rove Sta	First	Middl		Los	7 15001	4. DATE OF DEATH M	Mon	th	Day	Year
5.	SEX Male	Stuart 6. COLOR OR RA White	ACE 7. MARI	Winsto RIED NEVER MARR ED DIVORC	IED 🗌	Dorse		9. /	AGE (In years ost by the day)			UNDER 24 HRS.
100	during most of world Dentist	ON (Give kind of w king life, even if re	rork done 10b. tired)	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPI	nia	or foreign countr	7)	U.S.		VHAT COUNTRY?
13.	FAIHER'S NAME	Hawkins	Dorset	,0/	0	14. MOTHER'S Stel		rimb we				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED (If yes, give wor or date unknown	as of service)	social security no nknown		NFORMANT Hospital	recor	ds	Add	ress		
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  UMMEDIATE CAUSE (o)  DUE TO  Generalized Arteriosclerosis								ONSET	AL BETWEEN AND DEATH definite		
	Conditions, if o gove rise to i couse (o), stoting lying couse lost,	the <u>under-</u>	(b) E TO (c)									
CERTIFICATION		ial asthr		CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE CO	ONDITION GIV	'EN IN PART 1	P	VAS AUTOPSY PERFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day,	Year 20d. II While of wor	NJURY OCCURRED  Not while of work	20e. PL	ACE OF INJURY ( ctory, streel, affice	Home, form, e bldg., etc.)	20f. (City or I	own)	(Cor	unty)	(State)
	21. I certify the olive on Ma		) ru	land that	7	accurred at	10:15	PM, from the portion of the portion	e causes of city or town,	ond on the stote) M.D.	date	the deceased stated above. DATE SIGNED
no	BURIAL, CREMATIO	N. 226. DATE THI		Lally	AETERY O	R CREMATORY		22d. LOCATION			lli	(Stote)
23.	FUNERAL DIRECTOR	SSCHOOLE	a Caron	7 dans	4	ms	240. REC'D DATE MAY	BY REGISTRAR 25 59		STRAR'S SIGN	/	

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TETA MONTAN	DESCRIPTION OF DEAD	TORRES -	ENG.		
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# FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral divector. Page 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained and riles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 80 mm, of Health, or its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05217 Reg. Dist. No.

1	1. 1	O. MADUNITY	USUAL REGIDENCE (Where deceased lived. If institution: Residence before admission) a. STATO
/		b. CITYOR TOWN (if outside corporate limits, write RURAL   C. LENGTH OF STAY IN 16	Make land Dullimse
	1	The street on elle	c. CITY OR TOXAN (If outside corporate limits, write RURAL and give nearest town)
	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital size street address)	d. STREET ADDRESS  e. IS RESIDENCE
	1	1451 Bellma ane.	1431 Bellina ane. VES NO
	3.	NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Year
	-	(Type or print) Surge Morgan 1	Intelled DEATH Man 24 1959
	5. \$	SEXT 6. COLOR OFFRACE 7. MARRIED NEVER MARRIED B. DA  MARIE WILDOWED DOWNCED DOWNCED DOWNCED DOWNCED	TE OF BIRTH  9. AGE (In year)  15 UNDER 1 YEAR IF UNDER 24 HIS.  Months Days Hours Min.
	10a	Oa. USTAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY)	
1	9	William Ser Marile	St. mary Cv. mo.
)	13.	3. FATHER'S NAME	MOTHER'S MAIDEN NAME
/	1	lentroup	Unknown a 1.
		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 100 (If yes, give were redates of service)	EMANT Salah Caddrell Illiance
		4	219 alkambra an 33
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERNAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (0)	1 (CE/VSION Sudden
		420,1 DUE TO 1/	1 1 0 0
		Gonditions, if ony, which gove rise to immediate couse (b)	come Cardio-Konaf
		(a), stoting the underlying DUE TO	Car Deel Lac Vorges
9	Z		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	CERTIFICATION		PERFORMED?
	CERTIF	206. DESCRIBE HOW INJURY OCCURRED. (Enter 2 PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nature of injury in Part I or Part II of Item 18.)
7	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLACE O	F INJURY (Home, form, 120f. (City or town) (County) (State)
	MED		street, office bldg., etc.)
		21. I certify that I took charge of the remoins described obove,	held an Autopsy . Inspection 4. Inquiry . and in my
H		opinion death resulted from Notural couses []. Accident [].	Suicide , Homicide , Undetermined monner
		ACTUAL CAPA - LA	A/
		SIGNATURE CONTROLLING	, ,
5		EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER ()  DEPUTY MEDICAL EXAMINER ()
	22a	20. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREATERY	MAJORY 22d, LOCATION (City, town, or county) (Stote)
1	3	REMOVAL (Spedis) 5/28/59 Pleasant	Kert Towen, Nd.
1	23€	Schrend Director's SIONATURE Unual ADDRESS Some	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
19		1631 David Hell and	DATE MAY 2 7 '59 Couldny S. Thank

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of Health, sctor. files. ony delay is no o the funeral be retained the State Bo puo form PM3. pages File OTHER PA pup Office pseq CTOR: designated A. Pe shauld FUNER 0

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HEALT	H	DE	PT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 5244 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY New York Raltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give peared town Chase New York d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Stuyvesant (410 E. St YES NO Rural 3. NAME OF 4. DATE First Middle Month DECEASED 19 59 (Type or print) DOZ TER DEATH LUCTLIE HAYES May 9. AGE (In years 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Female White Months Hours Min. March 16. 1909 WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Brooklyn, New York U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Patrick Hayes Irene Molev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) Johns-Ridout Funeral Home, Birmingham, Ala. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying couse lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES DO NO 20g. EXTERNAL CAUSE WAS PRIMARY GOT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Airplane crash 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while at work 1 Ralto. Md. Chase Air over farm 21. I certify that I took charge of the remains described above, held an Autopsy  $\mathbb{Z}_{+}$ . Inspection . Inquiry . and in my opinion death resulted from: Natural couses , Accident 34, Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Charles O'Donnell. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote

Elmwood Cemetery

ADDRESS

William Cook, Inc., 1217 St. Pul Street

Birmingham, Alabama

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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ATSME 5M 2/57

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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# FOR STATE HEALTH DEPT.

your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the partificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Ba ar its designated agent, prior to burial, cremation, or removal, and in any exect within 72 hours after death.

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VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	V	U	N	T	è
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									Reg. Dist. I	140.
1. PLACE OF DEATH o. COUNTY Bal	timore	5.	245	MARYLAN	O STATE		Where deceased York	lived. If institu b. COUNT		before admission)
and give nearest faw		• RURAL	c. LENGTH	H OF STAY IN	c. CITY O		f outside corpore			
	TAL OR INSTITUTION	If not in ho	spital, give st	reet oddress)	d. STREET	ADDRESS	York		9x - 29th S.	e. IS RESIDENCE ON A FARM?
Rur	.st					D LU	Avesamo			YES NO
3. NAME OF DECEASED (Type or print)	Ori		**	Middle T	Do	zier	4. DATE OF DEATH	Man		2, Year 59
MALE	6. COLOR OR RACE WHITE	7. MARRI		ER MARRIED [	Jan. 2			AGE (In years lost birthday)  53 yrs.	Months Days	AR IF UNDER 24 HRS. Hours Min.
during most of working Represen	ON (Give kind of working life, even if retired)			Oil Co	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ar foreign cour Labama	ntry)		S.A.
13. FATHER'S NAME					14. MOTHER	MAIDEN I	NAME			
	Dr Bryon	Doz:	ier		Id	uma I	oyle			
15. WAS DECEASED E	VER IN U. S. ARMED FC (If yes, give war or dates of		SOCIAL SEC		ohns-Ric	lout's	Funer	Address al Home	, Birmi	ngham, Ala.
Conditions, if gove rise to imme (o), stoting the couse lost.	ediate couse									
25	THER SIGNIFICANT COM	IDITIONS C	ONTRIBUTING	G TO DEATH BI	UT NOT RELATED TO	O THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
-	USE WAS DITRIBUTING []	06. DESCRIE		JRY OCCURRED	crash	injury in Por	rt for Part II of	item 18.)		
20c. TIME OF INJU		Mhi	INJURY OCC le Noi ork of w	white 2	PLACE OF INJURY factory, street, offic AIT OVE	(Home, form e bldg., etc farm	n, 20f. (Cily or	lown) ase	(County)	to. Md.
opinian death	hat I took charge resulted fram:		causes [	, Accider	Suicio	de 🔲,	Hamicide [	pectian [], ], Undete	Inquiry [ rmined man	and in my
SIGNATURE C	Charles	19		neli	ASSIST	ANT MEDIC	XAMINER [] CAL EXAMINER [ EXAMINER []]		1	1.100
220. BURIAL, CREMATI REMOVAL (Specific	ON, 226. DATE THERE	OF	22c. NAME	OF CEMETERY	OR CREMATORY	MEDICAL		N (Cily, town,	or county)	(Store)
REMOVAL (Specif		9		vood Ce	metery				Alabam	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDR			-	D BY REGISTRA	R 24b. REGIS	STRAR'S SIGNAT	TURE
William (	Cook, Inc.	121	7 St.	Paul S	treet	DATEM	AY 1 5 '59	0	11 0 4	

MERYLAND STATE OFF ARTHUR OF HEALTH - UARTHORE :-

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necessary, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is n execute the castificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral 4 should be red to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIAZCTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Be ar its designated agent, priar to burial, crematian, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05220.

Reg. Dist. No

1. PLACE OF DE.	Baltimore	5246 MARYL	2. USUAL RESIDENCE	E (Where deceased	lived. It institu		fore admission)
b. CITY OR TO		RURAL C. LENGTH OF STAY IN	the second secon	V (If outside corpora	ote limits, write	RURAL ond give n	earest town)
	Chase		Kar	sas City		62X-3	3
d. NAME OF	HOSPITAL OR INSTITUTION (	If not in hospital, give street address)					e. IS RESIDENCE
	Rural		447 East	55th Str	eet		YES NO
3. NAME OF DECEASED	Fir	T	Lost	4. DATE OF	Monti		Yeor
(Type or print)	Olling		RANNBAUER	DEATH	May	12	159
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER TYEAR	
M	W	WIDOWED DIVORCED	Dec. 3, 19	23	35 yrs.	Months Days	Hours Min.
10a. USUAL OCC	UPATION (Give kind of work	done 10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (S	lote ar foreign coun	try)	12. CITIZEN O	F WHAT COUNTRY
Supervi	working life, even if retired)	V do do	MV				
13. FATHER'S NA		# # # # # # # # # # # # # # # # # # #	14. MOTHER'S MAIDE	INI NIA ME			
	s Drannbauer		Elsie	unkno	wn)	W	V
15. WAS DECEA!			17. INFORMANT			Kansas (	~ *
yes	World War	II 103-14-9489	Mrs. Jamesar	na Drannba	auer - l	447 E. 55	th St.
18. CAUSE C	OF DEATH [Enter only one cou	use per line for (a), (b), and (c).				INTER	IVAL BETWEEN
PART	I. DEATH WAS CAUSED BY:	Multiple extr	anna dadamataa			DNSE	T AND DEATH
01	IMMEDIATE CAUSE (0)	Warribte excu	eme injuries				
8601	* *						
	, if ony, which ) (b)						
	the underlying DUE TO						
couse lost.							
Z PART		DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TI	ERMINAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)	9. WAS AUTOPSY
E I		Britania and the second and the seco					PERFORMED?
200 EYTERN	IAL CAUSE WAS	Db. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of internation	M-21 M-21 11 11	10.1		IS CX NO []
	or CONTRIBUTING DEATH.	Airplan		rott i or rett ii ot i	item (a.)		
20c. TIME OF	F INJURY Month, Doy, Ye	or 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home,	form, 20f. (City or	town)	(County)	(State)
A Hour	40000 Z/10 10	While Not while	factory, street, office bldg.,		III- Marie	2-24-	Ma
-	p. m. 5/12 19		Air over farm		-	Balto.	Md.
21. I cert	ity that I tack charge	e of the remains described	above, held on Auto	opsy XI, Insp	ection,	Inquiry [	, and in my
opinion d	leoth resulted fram: 1	Natural causes 🔲, Accide	ent 💢, Suicide 🔝	, Hamicide	. Undete	rmined monne	er 🗌
	ma.						
ACTUAL	101111	nus	M.D. CHIEF MEDICA	L EXAMINER			DATE SIGNED
SIGNATURE				DICAL EXAMINER	7	.5/	117
EXAMINER' NAME (Type		e M D		CAL EXAMINER [2]		11	1/29
	EMATION, 22b. DATE THEREC		Y OR CREMATORY	22d, LOCATION	N (City, town,	or county)	(Stote)
REMOVAL (	Specify)			1/		261	(
Remo		Kansas Ci	ity Cem.	Kansas		Missouri	
23. EUNIERAL DIK	RECTOR'S SIGNATURE	and the state of	S. A. 17 1/20	REC'D BY REGISTRAR		STRAR'S SIGNATUR	
INNI	. T. Mon	us your	LOCAL MONTE	MAY 1 5 159	a	Mun S. That	AAE .

MEDICAL EXAMINER PRESTRICATE OF BEATH the first of the self-country water or the estable established alignment Article Cartelle Till Manufacion Matter Company of the Com

VS A15 (4) 1SM 10/57

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	T	L	E	>	
1		-	1		

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5247

**CERTIFICATE OF DEATH** 

05221

Reg. Dist. No.

		MARYLAND	2. USUAL RESIDENCE ( o. STATE Md.		b. COUNTY	on: Residence befo	ore admissio	on)
b. CITY OR TOWN RURAL ond give t Catonsv	(If outside corporate limits, wr nearest town) ille	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate	limits, write RI	VOI-L	arest town)	7
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Shady Nook Nursing Home			d. STREET ADDRESS 3927 Ridge	wood Ave			e. IS RESI	FARM?
3. NAME OF First Middle DECEASED (Type or print)			DRYDEN Lost	4. DATE OF DEATH	Mon			eor 9 59
5. SEX female		MARRIED NEVER MARRIED NOWED DIVORCED	B. DATE OF BIRTH Feb. 13, 18		AGE (In years loss birthdoy) yrs.	Months Days	Hours	Min.
Homemak	rking life, even if refired)	10b. KIND OF BUSINESS OR INDI at home	Md.	ote or foreign count	(y)	12. CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S NAME Robert	L. Dryden		Marion Wet					
1S. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	Mrs. John	Williame	Addr		Ava	
Conditions, if gove rise to couse (o), storing lying couse lost.  PART II. OT  20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	the under-	INS <u>CO</u> NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASE CO	ONDITION GIV	EN IN PART 1(0)	19. WAS A PERFOR	MED?
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m.	G CAUSE OF DEATH ( MEDICAL EXAMINER)  RY Month, Doy, Year 20	DESCRIBE HOW INJURY OCCURR  Od. INJURY OCCURRED  hile work of work	ED. (Enter nature of injury in LACE OF INJURY (Home, for actory, street, office bldg., o	orm, 20f. (City or		(County)		(Stote)
alive on	hot I oftended the dec may 30, 1	eased from about 259, and that death	19.50, to h occurred at 7.2	ADDRESS (Street	ne couses a	f,that I last so nd on the do state)	te stote	deceased above. TE SIGNED
ACTUAL SIGNATURE	Questar	Healphouse	1	13.10		14.0		
SIGNATURE	DN. 20 DATE THEREOF	22c. NAME OF CEMETERY C Loudon Park		22d. LOCATION	(City, town, o		(Stote)	

MINICATE OF DEATH		
		Walter State of
	The Ballion of Land	
		Dublet -
Alarmiras acama		ng = will z edbir
	enon.	
		COMPANY SHARE OF SHARE S

VS A15 (4) 1SM 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5249 CERTIFICATE OF DEATH

469	3			Reg. Dist. N	0.
1. PLACE OF DEATH  o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Wo. STATE	/here deceased lived. If insti b. COUN		fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills	c. LENGTH OF STAY IN 1b		outside corporate limits, writ	e RURAL and give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Rosewood State Training		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) William	Middle Lawrenc	Lost	4. DATE OF DEATH	Month 5	Yeor 19 19 59
5. SEX male 6. COLOR OR RACE 7. MARR WIDOWE	RIED NEVER MARRIED 🗹	8. DATE OF BIRTH 9/4/28	9. AGE (In ye lost birthdo 30		AR IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU		e or foreign country)  Maryland	12. CITIZEN O	OF WHAT COUNTRY
13. FATHER'S NAME William H. Dufour	And the late of th	14. MOTHER'S MAIDEN			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give wor or dates of service)		NFORMANT Rosewood Reco		Address Mills, Md.	
PART I, DEATH Enter only one couse per limited by the part I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO  DUE TO  (b)  DUE TO  (c)	leumatic l	heart dix	t failur	Or	ITERVAL BETWEEN NSET AND DEATH NA WILLIAM
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CONTRIBUTIONS OF C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
ZOG. ACCIDENT WAS UNDERLYING A 20th DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 While of wor	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg., e		(Count)	y) (Stote
21. I certify that I attended the deceas alive an May 29, 195  ACTUAL SIGNATURE ASMANDER AS	ed fram Miay 2. 9, and that death		McLy Jg., 195 M, from the causes ADDRESS (Street, city or to	and on the da	
PHYSICIAN'S J- VASCONCE	llos	Owin	in mylls	Med	
220. BURIAL, CREMATION, 22h, DATE THEREOF BEMOVAL (Specify)	22c NAME OF CEMETERY CO	OR CHEMATORY L	22d. LOGATION (City, tow	in, or county)	(Stote)
23. FUNERAL DIRECTOR STIGNATURE	usterstoan	Mare J		EGISTRAR'S SIGNAT	

. ere representation . Fr. a Little Charles the conf. of the A CALL AND THE STREET 

Author Parkers

VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5249

**CERTIFICATE OF DEATH** 

05223

Ren. Dist. No.

										1108. 011	1, 110.	
1.	e. county Baltimo	re		MARY	LAND	2. USUAL RESI O. STATE Mary	land	nere deceased	lived. If institution b. GOUNTY	ion: Residenc	e belore adr	nission)
		If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					own)	
	Catonsvil	le		1 mo. 17	lavs	Balt	imore			3 V n	1-17	
	d. NAME OF HOSPITAL (If not in haspital, give street address)				d. STREET A				y 0	e. IS	RESIDENCE	
	Spring Grove State Hospital			510 Roc	k Gle	n Road			10	N A FARM?		
3.	NAME OF DECEASED	Fir	st	Middle		Los		4. DATE OF	Mor		Doy	Year
	(Type or print)	Avondale		Virgin		Duva		DEATH	May		31	1959
5.	SEX		7. MARR	IED NEVER MARRIE	ED 🔲	B. DATE OF BIRT			9. AGE (In years lost birthday)	Months		NDER 24 HRS.
	Female	White	WIDOWE	Later 1	- Carrier	12- 25-			lost birthday) 80 yrs.	Months	Days Hou	ers Min.
10	during most of wor housewife	ON (Give kind of work king life, even it retired	done 10b.	KIND OF BUSINESS O	R INDU	TRY 11. BIRTHPI	ACE (Slote	or foreign co	untry)		ZEN OF WH	IAT COUNTRY
13	FATHER'S NAME					14. MOTHER'S	V				0 - 22	
	unknown							AWME				
1.6			l-			unkn	own					
(Y	is no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO			son)		Add		V	
1	ınknown		1	ınknown	M	r. E. Ma	itlan	d Luva	11 Jr. 5	10 Ro	ck Gle	n Rd.
			U	re for (o), (b), ond (c). Fremia Lateral hyd		ephrosis					INTÉRVAL ONSET AI	BETWEEN ND DEATH
CERTIFICATION	Lying couse last.  PART II. OTI	the under. DUE TO (c HER SIGNIFICANT CON	DITIONS C		ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE		VEN IN PART	PER	AS AUTOPSY FORMED?
	(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY OF	CCURRE	). (Enter nature o	f injury in f	Part I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeo	While	IJURY OCCURRED Not while of work	20e. PL/ fac	CE OF INJURY ( tory, street, office	Home, form, bldg., etc.	, 20f. (City	or town)	(Co	ounty)	(State)
	21. I certify the alive an	May 31 Sulla Mac Stella Wac	12 s	192,, and that	death	accurred at	3:30 ING (		the causes of the course of the causes of th	and on the stote) HOSPI	e date st	ne deceased orted above DATE SIGNED 0-1-59
220 B	BURIAL, CREMATIC REMOVAL (Specily)	N, 22b. DATE THEREQ	F	22c. NAME OF CEME		CREMATORY			ON (City, Iown, o		(5	tote)
1	OI Edm	ARESA ARESA	ecte	ADDRESS				D BY REGISTR	AR 24b. REGIS	STRAR'S SIGN		

MAKE LAND STATE BEEN THREET OF REALTH-HATTENGER TALLS which the complete the state of the contract o

FOR STATE HEALTH DEPT. ctor. Page rour files.

necessary, please

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05224

1. PLACE OF DEATH 0. COUNTY	Baltimore	5250 MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryle		b. COUNTY	n: Residence bef	
	autside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write Ri		
and give nearest town	Chase (20)	LIFE	X Chase	(20)			
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	3			e. IS RESIDENCE
30 Le	slie Rd.		/ 30 Les1	lie Rd.			YES NO
3. NAME OF DECEASED (Type or print)	First  CARVILLE	Middle W. EARLE	Lost	4. DATE OF DEATH	Month ay 8,	Doy	Yeor 19 <b>59</b>
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED B	DATE OF BIRTH	9. AC	Section Section 1		IF UNDER 24 HRS.
Male	White WIDOV	VED DIVORCED	Aug. 20, 18		_ //	Aonths Days	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done 10t	, KIND OF BUSINESS OR INDUST				12. CITIZEN OF	WHAT COUNTRY?
during most of workin		DuPont Chemical	Chase, M	id.		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		***************************************	
William	G. Earle		Anne Ed	lwards			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IP	FORMANT (SON	r)	Address		
[Yes, no. or unknown]	(If yes, give war or dates of service)	Uar	ville R.	arle, 41	O Oak	Court,	Balt0.2
	TH [Enter only one cause per li TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	no for (a). (b). and (c). }	1 Ocas	Lusio.		- INTER	VAL BETWEEN T AND DEATH
420.1	DUE TO						
Conditions, If o							
gave rise to immed	diate couse						
(a), stoting the couse last.	onderlying (c)						
PART II. OTH		CONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERM	INALDISEASE CON	IDITION GIVEN	1	P. WAS AUTOPSY PERFORMED? YES NO
PART II. OTH	USE WAS 206. DESCRIPTION TO THE PROPERTY OF TH	RIBE HOW HYURY OCCURRED. (E	nter noture of injury in Por	t For Port II of ite	n 18.)		
20c. TIME OF INJUI	w	d. INJURY OCCURRED 20e. PLAC hile Not while factor	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or to	wn)	(County)	(State)
21. 1 certify th	at I took charge of the	e remains described aba	ve, held an Autops	y , Inspec	tion D	Inquiry D	and in my
opinian death	resulted from: Natura	Causes M. Accident	7. Suicide 7.	Hamicide ],	Undetern	nined manne	r 🗆
	n-00	, , , , , , , , , , , , , , , , , , ,	_,			o manne	
ACTUAL	11/12/	ans	M.D. CHIEF MEDICAL EX	XAMINER [7]		ml	DATE SIGNED
SIGNATURE	100		_ M.U. ASSISTANT MEDIC	ALC: NO THE RESERVE OF THE PARTY OF THE PART		5/5	100
EXAMINER'S NAME (Type)	11.13. 11	9V15 M.i)	DEPUTY MEDICAL	EXAMINER D		10	147
220. BURIAL, CREMATIC		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	City, lawn, ar	caunly)	(State)
Burial (Specify)	May 11/59	Ebenezer Met	h. hurch	eme tery	Ch	ase 20.	Md.
23 FUNERAL DIRECTOR		ADDRESS	240. REC'	D BY REGISTRAR	-	RAR'S SIGNATUR	
157Keamor	STA ROSE	72.50	DATMA	Y 1 1 '59	arth	wo & Heave	1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary to the core, writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral 4 should be used to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bog or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

1 - Glack, Test - Zer Gip, slags . . . of the The same with the same product the same of at at analy Mugnet, if a 11 regramed

funeral director,

moy be retained by the hospital or attending physician.

D FUNERAL DIFFERAL DIFFERATION OF After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death: Page 4 TO FUNERAL DI poge 3 shauld be TO HOSPITAL OR VS A15 (4) 15M 10/57

o. COUNTY Baltimore  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) b. COUNTY Baltimore  AARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) b. COUNTY Baltimore				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lutherville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Riderwood			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 332 Lincoln Avenue	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)			
3. NAME OF DECEASED (Type or print) GEORGE WASHINGTON ECKERS	Lost 4. DATE Month Doy Year OF DEATH May 27, 1959 19			
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  Jan. 10, 1889  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   M			
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Gardner  13. FATHER'S NAME	STRY 11. BIRTHPLACE (State or foreign country)  Maryland  USA  14. MOTHER'S MAIDEN NAME			
William Henry Eckers	Betty Justice			
(Yes, no. or unknown)   (If yes, give wor or dates of service)	emily records			
Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  (b) ARTERIOSCLERO  DUE TO  (c)	TIC CARDIO-VASCULAR DISEASE 10 YRS  (NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)			
PHYSICIAN'S WILLIAM A. PILLSBURY	n accurred at 1.30 A.M. from the causes and on the date stated above ADDRESS (Street, city or town, state)  DATE SIGNI  M.D. TIMONIUM MD 5/28/59			
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Burial May 29,1959 Sater's Comet				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  John Burns' Sons, Towson, Maryland	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			

ochbart att at Manual March for the second of the second of Section Carteful Contract Contract committee to the contract of t

5182 **CERTIFICATE OF DEATH** Reg. Dist. No I director, filed with deoth: Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND unerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) P after d. NAME OF HOSPITAL (If not in hospital, give street addgess) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by 2: 200 h EEd YES NO 2 NAME OF First Middle DATE Day Month Year DECEASED (Type or print) DEATH 190 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED 🗔 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup MISEWORK ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cor томе hours own WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) o. m. Not while at wark at work low 19.59, that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred at\_ M, from the causes and an the date stated above. OR ADDRESS (Street, city or town, state) DATE:SIGNED ACTUAL SIGNATURE E D O FUNERAL F PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 246. REC'D BY REGISTRAR DATE MAY 2 6 '59 Orthun & Knows VS A15 (4) 15M 10/57

death certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	Action to the second	
	Carlotte Charles	
abot & Bot		
	Section 1	

# HEALTH DEPT

necessary, please of ector. Page four files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is n execute the conficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be the form PM3. Page 5 may be retained 10 FUNERAL DINECTOR: Page 3 should be used as a burial-transit permit. File pages, I and 2 with the State 8 or its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY	4		J. Dist. No.
	- 1	(Where deceased lived. If institution: R	esidence before odmission)
	MARYLAND 0. STATE	nd b. county	fallo
b. CITY OR TOWN (If autside corporate fimits, write RURAL c. LENGTH OF	STAY IN 16 C. CITY OR TOWN	If autside corporate limits, write RURAL	and give nearest lown)
unnestie	× cons	rescue (7	owson!
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give xfreet a	d. STREET ADDRESS	12 s brook	e. IS RESIDENCE ON A FARM? YES NO 1
NAME OF DECEASED (First OFRICK CECIL	the E/V Lost	4. DATE Month OF DEATH MALL	3/ Year 1959
6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED   8. DATE OF BIRTH	9. AGE (In yegs IFUN host birthday) Month	DER TYEAR IF UNDER 24 HRS
On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)	S OR INDUSTRY 11. BIRTHPLACE, ISTOR	or foreign country)  A B Md	CITIZEN OF WHAT COUNTR
William 7 Ely	14. MOTHER'S MAIDEN	h Ehrhe	art
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If yes, give war or dates of service) 2/2-05-723	27 AB MAG	FO Ely Address X	Same
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c	111	10	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	marve	1113107	4/45
420.1 DUE TO			
Conditions, if any, which) (b)			
gove rise to immediate cause (a), stating the underlying DUE TO			
couse fast. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CCURRED. (Enter nature of injury in Pa	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month. Doy, Yeor 20d. INJURY OCCURRED Hour o. m. While Not while p. m. 19 of work of work	D 20e. PLACE OF INJURY (Home, for factory, street, affice bldg., et	m, 20f. (Cily or fown)	(County) (State)
p. m. 19 at work at wark			
p. m. 19 at work at work 21. I certify that I took charge of the remains descr	ribed above, held an Autop	sy . Inspection , Inq	uiry , and in my
21. I certify that I took charge of the remains descr		sy, Inspection, Inq Homicide, Undetermine	
21. I certify that I took charge of the remains descr		Homicide, Undetermine	
21. I certify that I took charge of the remains description death resulted from: Natural causes A	Accident , Suicide ,	Homicide , Undetermine	d manner 🗌
21. I certify that I took charge of the remains description opinion death resulted from: Natural causes A ACTUAL SIGNATURE CALL TO	Accident . Suicide .,  Accident . Suicide .,  CHIEF MEDICAL I	Homicide , Undetermine	d manner   DATE SIGNED  31/19

MEDICAL EXAMINATE CONTINUENTS OF TOTAL Charles Charles Toward Charles and model in the case District and State of the Local State of the Local

VS A15 (4)

15M 10/57

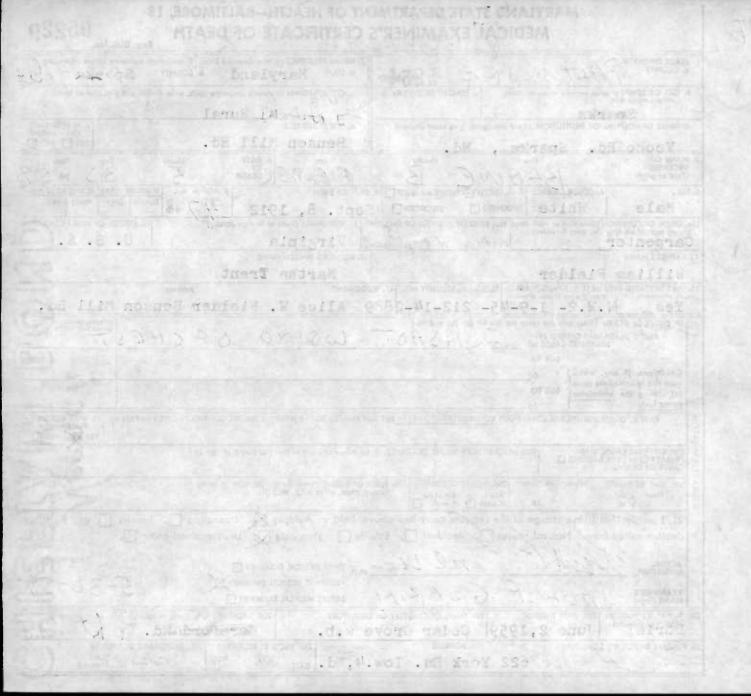
b		MARY	YLAND STA	TE DEPARTMENT OF HEALTH—BALTIMORE,	, 18
D			5253	CERTIFICATE OF DEATH	R
I M	1. PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived If insti	tution

ATE OF DEAT	TLI			03	5228
ATE OF DEAT	17		Reg. Dist.	No.	
2. USUAL RESIDENCE (V	Where deceased	f lived. If institution b. COUNTY	on: Residence b	efore adn	nission)
Md.		D. COUNTY	Balt	imore	,
c. CITY OR TOWN (I	f outside corpo	rote limits, write R	JRAL and give	nearest to	own)
X					
d. STREET ADDRESS					RESIDENCE A FARM?
709 W	alker /	lve.			□ NO □
Last	4. DATE OF	Mon	h	Day	Yeor
ENGLE	DEATH	May		24.	19 59
B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1 Y		
Dec/10. 187	2	86 yrs.	Months Do	ys Hou	rs Min.
USTRY 11. BIRTHPLACE (SIO		ountry)	12. CITIZE	OF WH	AT COUNTRY?
Md.			1 2		
14. MOTHER'S MAIDEN	NAME				
Mamr	Bailey				
INFORMANT	Darrol	Addr	ess		
ing C Dalem	a Marra	202 3/2 41	D.	1 D	71 70
Irs. C. Rolan	a Mays-	-203 Maan	urst Ro		1to.12
ombosis			d		BETWEEN DEATH
eriosclerosis	3			year	rs
T NOT RELATED TO THE TER	MINAL DISEAS	CONDITION GIV	EN IN PART 1(	) 19. WA	S AUTOPSY FORMED?
				YES	
ED. (Enter noture of injury i	n Port 1 or Port	II of item 18.)			
LACE OF INJURY (Home, fo	rm, 20f. (City	or town)	(Cour	nty)	(Stote)
octory, street, office bldg., e	etc.)				
7 1956 ta 1	lay 24	50			
		1927	,that I last	saw th	e deceased
h accurred at 7:15				date st	ated abave.
202 C 37		reel, city or town,		262 6	DATE SIGNED
W.D. 7212 101	k Koad	, Baltin	nore 12	, Md	7/25/59
T)					
Balti	more 1	2, Maryla	ind		
OR CREMATORY	22d. LOCAT	ION (City, town, o	r county)	(S	tote)
Cem.	Re	lto. Md			
the same of the sa		RAP 246 REGIS	TRAR'S SIGNA	TURE	

o. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 18 RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION 709 Walker Avenue 3. NAME OF First Middle DECEASED (Type or print) MARY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX female White DIVORCED | WIDOWED DO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) home 13. FATHER'S NAME William T. Fifer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Cerebral Thr IMMEDIATE CAUSE (o) DUE TO Cerebral Ar Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 0 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUR 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not while of work of work p. m 21. I certify that I attended the deceased fram January alive an \_\_\_, and that dea ACTUAL PHYSICIAN'S NAME (Type) S.J. Venable, Jr. M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) Buri al Loudon Par 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAMAY 2 7 '59 Crima & Kinns

o Edward Table	O STATE PERANTMENT OF PERSONAL PLANT IN ORC. 15	MARRAM	
March Co.	TI CERTIFICATE OR DEATH		
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		and the same of th	
		THE RESERVE OF THE PARTY OF THE	
auto y	AZ LONGO TORANGO EN ANTONIO EN A		
	BULL BUS FOR JUNE 30		
	omifican A. vanaster — . 1.1. 		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY O. STATE Maryland b. COUNTY Page b. CITY OR TOWN (If outside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR OWN (If Autside corporate limits, write RURAL and give nearest town) Sparks 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Benson Mill Rd. YES NO TO d <u>-</u> Sparks NAME OF Middle 4. DATE funeral Month Day Year DECEASED (Type or print) DEATH 19 far S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. the 2 with 4 Months Days Hours Male White WIDOWED | Sept. 8, 1912 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10by KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 3 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo U. S. A. and Carpenter Virginia Pe may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Fielder Pages Martha Trent 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Alice W. Fielder Benson Mill Rd. Yes 212-14-2889 PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH MOUND PART I. DEATH WAS CAUSED BY form IMMEDIATE CAUSE (o) -transit DUE TO Conditions, if ony, which gove rise to immediate couse burial lang DUE TO (o), stoting the underlying couse lost 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY SD PERFORMED? used NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Exami shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc. Medical While Not while a. m. 3 of work of work p. m. writing 21. I certify that I took charge of the remains described above, held an Autopsy 12. Inspection Inquiry e Chief ef deoth resulted from: Notural causes Suicide . chi, Homicide No. Undetermined cause MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded Several Seve ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 0 2,1959 June Cedar Grove w.b. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS. A15ME(S) 622 York Rd. Tow.4.Md. Coother & Kenned 5M 9/55



MARYLAND STA	<b>TE DEPARTMENT</b>	OF HEALTH-	-BALTIMORE,	18
5255	CERTIFICATE	OF DEATH		R

Reg. Dist. No. 05230

1. PLACE OF DEATH o. COUNTY Ba	lto.		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Balto.						
b. CITY OR TOWN (IN RURAL ond give ne Balto 7	outside corporate limits, orest town)	write c. LENG	GTH OF STAY IN 16	c. CITY OR TOWN (	onsville		URAL ond give no	earest lown		
OR INSTITUTION	AL (If not in hospital, give d Rd Aug		Home utheran	d. STREET ADDRESS		Bloomsbur	y Ave.	e. IS RESI ON A YES	FARM?	
3. NAME OF DECEASED (Type or print)	First	LA	Middle C •	FINCH	4. DATE OF DEATH	Mon Ma		-/	eor 9 59	
5. SEX female	6. COLOR OR RACE 7	MARRIED 1	DIVORCED [	B. DATE OF BIRTH May 30. 187	6	9. AGE (In years last birthday) 82 yrs.	Months Doys		R 24 HRS. Min.	
10a. USUAL OCCUPATIOn during most of work Housewife	N (Give kind of work doing life, even if retired)	ne 10b. KIND OI	BUSINESS OR INDU	STRY 11. BIRTHPLACE (SM	ate or foreign (	country)	12. CITIZEN	OF WHAT	COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME					
Cottfried	C. Schroepfe	er		Caro	line Ma	ary Busch	art			
	R IN U. S. ARMED FORCE If yes, give war ar dates of servi			Mr. Milton F	inch -	Add	eland Av	· A		
Conditions, if or gove rise to in couse (o), stoling lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	nmediate DUE TO the under- COMMITTER SIGNIFICANT CONDITER			OT RELATED TO THE TE		Desea Levens SE CONDITION GIV	EN IN PART I(o)	5 yr 19. WAS A PERFOI YES	RMED?	
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR' Hour o. m. p. m.	MEDICAL EXAMINER)	20d. INJURY O	CCURRED 20e. PL	ACE OF INJURY (Home, fittory, street, office bldg.,	orm, 20f. (Cit		(County	)	(State)	
actual signature Physician's	or I attended the d	1259	n - 3/, ond that death	15, 1948, to accurred of 6	P. M. from Adoress	m the causes of treet, city or town,	Athor I last s and an the de stole)	ate state		
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. N	AME OF CEMETERY O	R CREMATORY	2/2. 100	TION (City, town, o	or county)	(Stole	5-11-3	
23. EUNERAL DIRECTOR			orden Parl		EC'D BY REGIS	timore M TRAR 246. REGIS	STRAR'S SIGNATU	IRE Thous		
				11 un						

INVASORO EN ENTRE OF TELE THE RESERVE OF THE PARTY OF THE not and a first and control of more March 1 and a first of the control of the con Chambers and the Commence of

TO FUNERAL DIT. OR: After this certificate has been signed by the attending physician and campletely tilled in by uneral director.  page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremotian, or removal, and in any event within 72 hours after-death.
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 5256 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** 

05231

								P	keg. Dist.	NO.	1
	COUNTY	Baltimore		MARYLAND	2. USUAL RESID o. STATE	Mary ]	ere deceased lived Land	, If institution: b. COUNTY	: Residence I	before admiss	ion)
b.	RURAL and give ne		ts, write	c. LENGTH OF STAY IN 16  Lyr3mthlldys	e. CITY OR TO		utside corporate li	6	AL and give	nearest lown	1)
	OR INSTITUTION	AL (If not in hospitol, over STATE		oddress) I TAL	d. STREET AD		ford Stre	et			FARM?
DE	AME OF ECEASED ype or print)	Fi Geor		Middle	Fishe		4. DATE OF DEATH	Month Ma;		Ω	Year 19 59
5. se		6. COLOR OR RACE white	7. MARR	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH		los	birthdoy) A	F UNDER 1 Y Months Do	EAR IF UNDE	ER 24 HRS. Min.
10a.	USUAL OCCUPATION during most of work butcher	ting life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLA		or foreign country)			S. A.	COUNTRY
13. F/	ATHER'S NAME				14. MOTHER'S						1 146
	George		area le .			ery e	Jones				
(Yes, r		R IN U. S. ARMED FOR (If yes, give war or dates of t	ervice)		ecords:	SPRI	NG CROVE	STATE		PITAL	To-1
1		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c).]	lute					ONSET AND	
	Canditions, if a gave rise to it cause (a), stating lying cause last.	mmediate (	, a.	teriosclerati						Many 12 42	4001
FICATION				CONTRIBUTING TO DEATH BU		THE TERMI	NAL DISEASE CON	DITION GIVEN	I IN PART 1(	PERFO	AUTOPSY PRMED?
CERTI	20a. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in f	ort I or Part II of	item 18.)			
MEDICAL	POC. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Ye	While	Not while k of work	LACE OF INJURY (Hoctory, street, office	lome, farm bldg., etc.	20f. (City or to	vn)	(Cov	nty)	(State)
2	21. I certify th	at I attended the	deceas	ed fram. Jan.	27 , 19 58	, ta_Ma	y 8	19.59 ,1	that I las	t saw the	deceased
0	alive an	lay 8	, 19	29 and that death	h occurred at						
	ACTUAL SIGNATURE	Gella	Wa	chtler	M.D. SPR	RING	GROVE S	PR 4 (1900) - T	ote) HOSPI	700 - M	ATE SIGNED
PA	PHYSICIAN'S NAME (Type)	STELL	H	NACH	SLERC	tans	ville 28	Maryl	a nd	578	3/59
	BURIAL, CREMATIO REMOVAL (Specify)	5/11/195	e g	LOYGON	PARK		22d. LOCATION (	-	county)	(State	e)
23. FL	UNERAL DIRECTOR	SIGNATURE	+ 17	ADDRESS		240. REC'E	BY REGISTRAR	24b. REGISTR	RAR'S SIGNA	ATURE	
	////	1.1	V	Varia chil		DATE BEA	V 4 4 150	0 11	1 - 9 4	6	

	CERTIFICATE OF DEA	
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

115939

arthur S. Kraus

MAY 5

DATE

	CERTIFICA	ATE OF DEATH	H	Reg. Dist. No.
1. FLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marvlan	b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	its, write c. LENGTH OF STAY IN 16		outside corporate limits, write R	2000
Fullerton	Life	X Fullert	on	
d. NAME OF HOSPITAL (If not in hospital. s OR INSTITUTION 1413 Fitch Ave.	give street oddress)	d. STREET ADDRESS	tch Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Elsie	May Fitch	Lost	4. DATE Mor OF DEATH May 1.	Day Yeor
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	- //
Female White	WIDOWED DIVORCED	3-18 1900	lost birthday) 59 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
Housewife	At Home	Balto.,	Md.	U.S.A.
13. FATHER'S NAME	220 1101120	14. MOTHER'S MAIDEN	NAME	UaDaMa
Wesley Finney		Minnie	Wolf	
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress
NO	None	John Fitch	1413 Fitch Ave	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating like under: lying couse lost.	Metastis to			ONSET AND DEATH 27 S; 3mo.
CATI	IDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES □ NO ☑
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II of item 18.)	
ZOC. TIME OF INJURY Month, Day, Year Hour o.m. 19	While Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that I attended the alive an May 1,	FO		May 1, 19 59  M, from the causes of	2,that I last saw the deceas and on the date stated abo
ACTUAL SIGNATURE SIGNATURE	1607		Charles St.	stote) DATE SIGN
PHYSICIAN'S George N.	Dellots	Balti	more 18, Md	
220. BURIAL, CREMATION, 22b. DATE THEREO BUILLAL (Specify) 5-5-195		Faith Cem.	22d. LOCATION (City, lown, o	or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

D FUNERAL DICTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after-death. TO HOSPITAL OR TO FUNERAL DI VS A15 (4) 15M 10/57

the haspital or attending physician.

HTASO TO STADINGE OF DEATH Provide the State of the State The state of the state of the state of the are full on her arriver will be an in the late of the late of the arriver will be a control of the A STATE OF THE STA The contract of the contract o . The same of the

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05233

			Juni			DEMI	•		Reg. Dis	t. No.	
1. PLACE OF DEATH O. COUNTY Balto			MAI	RYLAND	2. USUAL RES	Md.	ere deceased	lived. If instituti b. COUNTY	Balto	e before ad	mission)
b. CITY OR TOWN RURAL ond give Catonsv		s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR		sville	ote limits, write R	URAL ond g	ive nearest (	lown)
OR INSTITUTION		ive street (	oddress)		d. STREET	ADDRESS				0	RESIDENCE N A FARM?
	atford Rd.					307 St	tratfor	rd Rd.		YES	NO [
3. NAME OF DECEASED (Type or print)	EDWIN	it	Midd	lle	FITZGE	est RALD	4. DATE OF DEATH	Mor	ith [av	Day	Year 19 50
s. sex male	6. COLOR OR RACE	7. MARR	DIVOR		B. DATE OF BIR	тн 2 <b>, 1</b> 868		P. AGE (In years lost birthdoy) 91 yrs.		1 YEAR IF U Days Ho	NDER 24 HRS urs Min.
10o. USUAL OCCUPAT	ION (Give kind of work or rking life, even if retired)	lone 10b. Pur	Salto City Salto City School	OR INDUS	STRY 11. BIRTHE	Md.			12. CITI	ZEN OF WI	HAT COUNTR
3. FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME				
William	Fitzgerald					Louisa	A ==				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10. 17. 11	THAMROTH	200		Add	ress		
(Yes, no. or unknown)	(If yes, give war or dates of se	LAICE!	no		Mrs. Al	bert I	R. Mob	Ley 🖦 3	07 St	ratifor	nd Rd.
	immediate (	a	Conglether Sel	tive	The contract of the contract o	art .V.	faile D.	ne		INTERVAL	L BETWEEN ND DEATH
20a. ACCIDENT W	THER SIGNIFICANT CON		ONTRIBUTING TO D						'EN IN PART	PE	AS AUTOPSY RFORMED?
20c. TIME OF INJU Hour a. m. p. m.		r 20d. IN While of work	Not while	20e. PLA foc	ACE OF INJURY tory, street, office	(Home, form, ce bldg., etc.)	20f. (City o	or town)	(C	ounty)	(Stote)
21. I certify to alive an	hat I attended the	decease _, 19.5		at death				the causes of set, city or town,	ind an th	ast saw the date st	he decease ated abov DATE SIGNI
220. BURIAL, CREMATION REMOVAL (Specify	6/3/59	F	20c. NAME OF CE				Wood	ON (City, town, o	d.	·	Stote)
23 FUMERAL DIRECTO	- Jake	uer	Y Hour -	Sai	to 17	240. REC'D	BY REGISTRA	AR 24b. REGIS	STRAR'S SIG		
V					uca						

CENTIFICATE OF DEATH THE RESERVE OF THE PARTY OF THE TO THE STREET OF THE PARTY OF T BE BROLDING The state of the s

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VS A15 (4) 15M 10/57

MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH—BALTIMORE,	18

5259 CERTIFICATE OF DEATH

Reg. Dist. No. 15234

1.	o. COUNTY B	altimore		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY						mission)
	RURAL and give ne Caton			3 yr 10mth 230			TOWN (If or	utside corpo	prote limits, write	RURAL and give	re neorest t	own)
4 5	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITAL					d. STREET .	ADDRESS Cator	Aver	nue		O	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)		nerir			ا Flaniga		4. DATE OF DEATH	3.6	nih /	Day 1	Year 19 69
1	SEX			RIED NEVER MARRIED		DATE OF BIRT			9. AGE (In years lost birthday)	Months D	YEAR IF U	NDER 24 HRS.
1	female	white	WIDOW			July 31						
10	during most of work domesti	ng life, even if refired)	one 10b.	KIND OF BUSINESS OR	INDUST		lary lan		ountry)	12. CITIZ		A.
13.	FATHER'S NAME				1,27	14. MOTHER	S MAIDEN N	AME				
	Willia	m J. Haniga	an			Bri	dget H	laddig	gan			
Tr	. WAS DECEASED EVER	IN U. S. ARMED FOR		social security no. Unknown		cords:	SPRIN	IG GRO		eress E HOS	PITAL	
CERTIFICATION		mediate DUE TO (c)  ER SIGNIFICANT CONI  SUNDERLYING DEATH	DITIONS C	Generalized CONTRIBUTING TO DEAL PRIOSCLE TO TE CRIBE HOW INJURY OC	in BUT N	or related to	o THE TERMIN	NAL DISEAS		VEN IN PART I	PEI	AS AUTOPSY RFORMED?
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	19	While of wor	Nat while	PLACE foctor	DE OF INJURY office of the street, office of the street, office of the street of the s	e bldg., etc.)	20f. (City			unty)	(State)
	2.7	Stella War	19_ /ac	59, and that a		.p. S	1:55a	M, from	n the causes treet, city or town	and on the , stote) HOSP	date st	he deceased ated abave, DATE SIGNED 5-1-59
23	P. BURIAL, CREMATION REMOVAL (Specify)	SIGNATURE  SIGNATURE	59 Ser	22c. NAME OF CEMET CAS LCA ADDRESS	ery or	CREMATORY Light	24a. REC'D	H X6		or couply)  Sile  ISTRAR'S SIGN  Thun S. 7	Lei	Stote) F

# HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be addical Examiner's Office along with farm PM3. Page 5 may be retained from file. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Elle pages 1 and 2 with the State Box of Heal are its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. NO 5235

1. PLACE OF	TY	cimore	5	260 MARYLAN	O STATE	Mich:		sed lived. If institu b. COUNT		lence be	fore odm	ission)
b. CITY O and giv	R TOWN (If of nearest fown)  Chas	outside cerporate limits, w	rite RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Dearborn  59							
d. NAME	of hospita Rure	_	(If not in	hospitot, give street address)	d. STREET		amson	Ct.			ON	RESIDENCE A FARM? NO
3. NAME OF DECEASES (Type or p	D		chae.	Middle  J	FLAH		4. DATE OF DEATH	Mont May		Doy 12,		Yeor 19 <b>5</b> 9
5. SEX male		6. COLOR OR RAC		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT	8. DATE OF BIRTH  July 21, 1931  9. AGE (In years lost birthday)  27 yrs.  Months						Min.
during mo	KINDONOEW	life, even il refired		icankhinplane		scons	in	country)	12. CI1	IZEN O	F WHAT	COUNTRY?
Leo	J. Fla	haven			Ma	ry H.	Graha	um				
(Yes, no, ar unk	newn)	R IN U. S. ARMED F	of service)	16. SOCIAL SECURITY NO. 17	Mrs. Ma	ry Fla	ahaven	Address 1=12 Lanse		urt,		hich.
NOUN P.	ART II, OTHE	R SIGNIFICANT CO	(c)	S CONTRIBUTING TO DEATH BU					/EN IN PAI		PERFC	AUTOPSY DRMED? NO
PRIMARY CAUSE O	ERNAL CAUS OF DEATH.	TRIBUTING	206. DESC	Airplane	crash							
20c. TIM	TOF INJURY		V	Od. INJURY OCCURRED   20e. p  While Not while   fe  t work of work	LACE OF INJURY octory, street, office Air ove	e bidg., efc.	) ;	y or town) Chase		lto.		(State) Md.
	ure Cure	esulted fram:	Noture	ne remains described al causes [], Accident []  Accident	CHIEF ASSIST	MEDICAL EX	Y X, Interpretation of the control o		Inqui	ry D	er 🔲	signed
REMOV	AL (Specify) moval	SIGNATURE	P AA P	ADDRESS	BADTO	240. REC'I	S D BY REGIST		or county)  Minnestrar's significant	GNATUI	RE	
11/1/	-			1770000	17 Mg	DAIR 188	мі				-	

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH SALTMONE II

3:457 4 125 Common \$15 COLUMN TO THE REAL PROPERTY OF THE PARTY OF the state of the s . 03 123 Charles on the land of the company of the company 

STATE NO.

TO HOSPITAL OR TO FUNERAL DE

VS A15 (4) 15M 9/SS

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5261 CERTIFICATE OF DEATH 05236

		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
BALTIMORE	MARYLAND	" STATE MARYLAND L. COUNTY BALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 7757 NORTH POINT	CREEK Rd	d. STREET ADDRESS  7757 NORTH POINT CREEK Rd YES NO MA
NAME OF DECEASED (Type or print) AUGUSTA	Middle Fo	Lost 4. DATE Month Day Year OF DEATH MAY 30 1959
SEX 6. COLOR OR RACE 7. MARRI FEMALE WHITE WIDOWE	ED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.  7. 2 yrs.
Oa. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU	
FATHER'S NAME		14. MOTHER'S MAIDEN NAME
JOHN T. KING		PAULINE SEIBERT
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S  [16. Size and size of service]	SOCIAL SECURITY NO. 17.	JOHN F. FOERTSCHBECK, 7757 N. Pr. C.
Conditions, if ony, which gove rise to immediate coese (a), stoling the underlying couse lost.  DUE TO  DUE TO  (b)  DUE TO	crivolanti	chypertensis condinvarenten dines 20 year
PART II. OTHER SIGNIFICANT CONDITIONS C  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{ NO } \subseteq \)
	RIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 while p. m. 19	Not while fo	LACE OF INJURY (Home, form, cotory, street, office bldg., etc.) (City or town) (County) (State)
21) I certify that I attended the decease alive an 1704 36 , 195	ed from 5ep +	h occurred at 8 PM, from the causes and an the date stated above
SIGNATURE John V. Conco-	ay,	M.D. 914 D St. Duri 1,195
PHYSICIAN'S John L	1. Conu	
20. BURIAL, CREMATION, REMOVAL (Specify) BURAL JUNE 3, 1959	SACRED !	OR CREMATORY HEART CEM, BALTIMORE, MARYLAND
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Illy + ZEILER LNC.	1901 FASTE	ERN AVENUE 1 150

The second secon

detached far use as the burial-transit

page 3 should be detached for use as the burial-tra the registrar prior to burial, cremation, or remayal,

TO HOSPITAL OR may be retain TO FUNERAL D

VS A15 (4) 15M 9/55

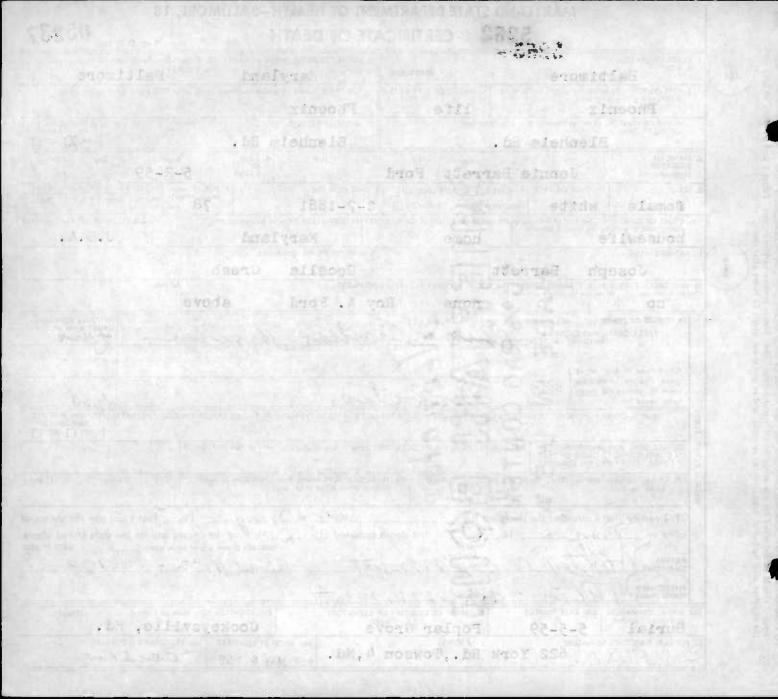
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5262 **CERTIFICATE OF DEATH** 

05237

				keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	here deceased lived. If institution b. COUNTY	on: Residence before odmission) Baltimore
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town)  Phoenix	c. LENGTH OF STAY IN 16		outside corporate limits, write R	
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION  Blenheim B		d. STREET ADDRESS  Blenheir	m Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Jennie	Middle	Lost	4. DATE Mor	Day Yeor
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-7-1881	9. AGE (In years lost bythdoy) 78 yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housewife	10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole Mary		U.S.A.
13. FATHER'S NAME  Joseph Barre	++	Cecelia	Gresh	
Joseph Barre  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no or unknown) (If yes, give wor or digites of service)	16. SOCIAL SECURITY NO. 17. IN	oy A. Ford	above	ress
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.  DUE TO  Column 10	Dube INS CONTRIBUTING TO DEATH BUT	to.  NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item 1B.)	PERFORMED? YES NO
Hour o.m.	Od. INJURY OCCURRED 20e. PLA Thile Not while foc	ACE OF INJURY (Home, farm tory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify that I attended the decalive on Man 2	eased from 938 Sand that death		1	That I last saw the decease and an the date stated above stole)  DATE SIGNS  May 4 5
PHYSICIAN'S NAME (Type)	not any	mitt		/
220. BURIAL, CREMATION, REMOVAL (Sprcify) 5-5-59	Poplar Grov		22d. LOCATION (City, town, Cockeysvil	
23. FUNERAL DIRECTOR'S SIGNATURE	rk Rd . Towson			STRAR'S SIGNATURE



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5263 CERTIFICATE OF DEATH director, filed wit ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) N. o. COUNTY O. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If dutside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) pine d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 2. NAME OF First Middle Last 4. DATE Month filled DECEASED OF DEATH (Type or print) within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) WIDOWED DIVORCED | popers. yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country death. during most of working life, even il retired) pup corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician that the death certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO by HEART FAILURE ony permit. Conditions, if any, which signed gove rise to immediate DUE TO couse (o), stoting the underpuo lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Hour factory, street, office bldg., etc.) Q. fl. While Not while p. m. of work of work 21. I certify that I attended the deceased from ACTUAL shoul PHYSICIAN'S

1. that I last saw the deceased and that death occurred at 2-18 F.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) REMOVAL (Specify) Moreland Baltimore Memorial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Krous 6477 Windsor Stansbury

IS RESIDENCE

ON A FARM? YES NO NO

Year

125

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Md.

Months

TO FUNER

BESSIE 115238	COMMISSION	4.2	
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THE RESIDENCE OF STREET PROPERTY OF STREET			
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

JUN 4

51	70 CERTIFIC	ATE OF DEATH		Reg. Dist. No. 05239
1. PLACE OF DEATH 6. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md .	nere deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Dundalk	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RU	JRAL and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give struction 7907 Shore	eet oddress) Road	d. STREET ADDRESS	Shore Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) WILLIA	M RAYMOND FRE	Lost EITAG	4. DATE Mont OF DEATH May	
	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  Jan. 16, 190	lost hirthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Carpenter Cummi				U.S.A.
13. FATHER'S NAME William Frei	tag	14. MOTHER'S MAIDEN N	AME Na Remmers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT Regina Kaspa	Addr	
Canditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.  Canditions, if ony, which (b) DUE TO  PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVI	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING   20b. ( OR CONTRIBUTING   CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II of item 18.)	YES NO
20c. TIME OF INJURY Month, Day, Year 20c. Hour o. m.	d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form actory, street, affice bidg., etc	20f. (City or town)	(Caunty) (State)
21. I certify that I attended the dece alive on May 31 , 19  ACTUAL SIGNATURE MONEY S  PHYSICIAN'S MONEY S  PHYSIC		m.D. 1010  S. 134  DR CREMATORY		24 hy or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ENTE SCH IMUNE FUNE FUNE 2001-3-5 E. Madi	ADDRESS	24a. REC'	D BY REGISTRAR 24b. REGIS	ITRAR'S SIGNATURE  Inling S. Hours



VS A15 (4) 1SM 9/S5

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5264 CERTIFICATE OF DEATH

Reg. Dist. No. 241)

١١.	a. COUNTY		2. USUAL RESIDENCE (Where decease a. STATE	I. COUNTY	
L	Baltimore	MARYLAND	Maryland	Baltimore	
	b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and	give nearest town)
L	Catonsville	l yrllmo.26da	rs X Baltimore		
Г	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
L	Spring Grove State Hosp	ital	5737 Dogwood Rd.		YES NO NO
3.	NAME OF First	Middle	Lost 4. DATE	Month	Day Year
	(Type or print) Ernest	V - 100 100	Frizzell OF DEATH	May	10th 19 59
5.	SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
	Male white WIDOW	ED DIVORCED	Jan. 15th.1829/	last birthday) Months	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12. Cl	TIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)  CARPENTER	ReTIRED	Marvlabd	U.S	5.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Alfred Frizzell		Ballinger		
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
10	es. no, or unknown (If yes, give wor or dates of service)		Hospital Re	cords	
F	1B. CAUSE OF DEATH [Enter only one cause per li	ne for (a) (b) and (c) ]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Horast J	nifuna		ONSET AND DEATH
	IMMEDIATE CAUSE (o)/	1 E CELL	minu		a destil
	24/X DUE TO	Pularen	· · · · · · · · · · · · · · · · · · ·		1
	Conditions, if any, which gove rise to immediate (b)	umonar	y empleys	E MICK	reveracyear
	couse (o), stating the under-	att me			MAN. COO
-	lying cause last. ) (c)	TIONCICK			muney getor
É	PART II. OTHER SIGNIFICANT CONDITIONS	. 171	NOT RELATED TO THE TERMINAL DISEA	,	PERFORMED?
Ž	Max Musercu Ess	les of the		uc, cicactiv	PES NO NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW NJURY OCCURRE	D. (Enter nature of injury in Port I or Pa	rt II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. While	6	ACE OF INJURY (Home, form, 20f. (Cit tory, street, office bldg., etc.)	y or town)	County) (State)
ME	p. m. 19 of wor	TAOL WILLIE			
	21. I certify that I attended the deceas	ed from May 9th	, 1959 , to May 16	1959 that I	last saw the deceased
	alive an May 19 19	59 and that death	accurred at 8:20AM, fra	m the causes and an t	he date stated above
	67 77	,		Street, city or town, state)	DATE SIGNED
	SIGNATURE Spraces Ka	dauskas	un Spring Ce	wire St. He	2010/50 July
	200000000	2 / 1/11/11/1	m.b.		
L	PHYSICIAN'S 13KUNO KH	DAUSKA.	" Carton	sville 2	8 Md
22	O. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	ATION (City, town, or county)	(Stote)
	BURIAL 0/13/31	MI OLIV	E KAR	DALLSIOWA	U MD
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS	47 4 6	
L	om de standy.	4411 Winder	DATE MAY 12	159 Chilling 2	, / VANVA
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Carrier Haller						

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5268 CERTIFICATE OF DEATH

			03	1	9	A	A
Reg.	Dist.	No.	()	1	4	7	4

1. PLACE OF DEATH  o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Md	e deceased lived. If in b. COI		d timor	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Relay	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	side corporate limits, w	rrite RURAL and give	nearest town	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 1707 Sycamore Ave.	ddress)	d. STREET ADDRESS	camore Ave		e. IS RESI ON A YES	FARM?
3. NAME OF First DECEASED (Type or print) CHARLES	Middle B. (	Lost CALLAGHER	6. DATE OF DEATH	Month May 1		ear 9 59
5. SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	9. AGE (In )	years IF UNDER 1 YI	of Tells.	
male white WIDOWED		May 20 1022	lost birthi	yrs. Months Day	ys Hours	Min,
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEI	N OF WHAT	COUNTRY?
Technical Writer   Ber	ndix Radio	14. MOTHER'S MAIDEN NA	MF			
Harry G. Gallagher, Sr.  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 117 1	MOSE P.	Bohanan	Address		
(Yes, no. or unknown) (If yes, give war or dates of service)						
no la calur er aran fr		rs. Drucilla	C. Gallaghe	er - 1707		Provident Service Services
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	tor (o), (b), and (c).]				NTERVAL BET	WEEN DEATH
IMMEDIATE CAUSE (o)	shritis in	d arteroscl	erater		2 400	~ ~
260 X DUE TO						
Conditions, if ony, which by Care	lio-vascul	ar disease	est <sup>®</sup> .		3 40	ects
couse (a), stoting the under- lying couse lost.	abelio m	chilin			154	card
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITIO	N GIVEN IN PART 1(	19. WAS A PERFOI YES	MED?
	IBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	rt I or Port II of item 11	B.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. p. m. 19 Ville of work	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Cour	nty)	(Stote)
21. I certify that I attended the deceased	from July	195/, to m	ay 12 . 19	5 2 that I last	saw the	deceased
olive on 5 may 19 5	- 11 1	occurred ot 6 P	()			
ACTUAL SIGNATURE Danglas Los		AL CO	DORESS (Street, city or			TE SIGNED
SIGNATURE Y MALLEGRAS VADE	43Ch 28C	M.D. 802 Ca	tredru	- D.F.		
PHYSICIAN'S NAME (Type) J. Douglas Lockard		Baltima	re-1,1	nd.		
226. BURIAL, CREMATION, 226. DATE THEREOF BEMOVAL (Specify) 5/15/59	22c. NAME OF CEMETERY O		2d. LOCATION (City, N		(Stote	)
23. FUNBRAL DIRECTOR'S SIGNATURE	- DORES - 1	240. REC'D		REGISTRAR'S SIGMA	Time	
	170	ud				

		Wilson Co.	
LATE OF DEATHS.	SEE CETTER		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTASC POSTA DRIVEY 245 GU Instruit and the second entries daile, valgand and several provide the state of t TRANSPORT THE PROPERTY OF THE pelifer said motives Laune New York Ton you that Those deciment abuta il permenti was a region of the second of the second of the . The control of the Mark Street Contract Con-ADDITION OF THE PROPERTY SECTION

		5278 CERTIFICATE OF DEATH Reg. Dist.	No. 05246
	1.	PLACE OF DEATH o. COUNTY Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE h. COUNTY Maryland  Maryland	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fort Howard  c. LENGTH OF STAY IN 1b  7 Days  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore  3 V 0 / -	re nearest town)
50		d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Veterans Administration Hospital  114 N. Chester Street	e. IS RESIDENCE ON A FARM? YES NO 2
	3.	NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) SEMTON GAMTER DEATH MAY	5 1959
		Male Filining WIDOWED DIVORCED February 18.1895 Out yrs. Months D	YEAR IF UNDER 24 HRS. Oys Hours Min.
	10	Laborer -Retired Merchant Marine Philippine Islands U. 3	S. A.
$\mathbf{I}$		Permin Gamier Garia Gons	
	15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clin.Rec., Vet.Adm. Hospital, Fort How	ard, Md.
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY INSUFFICIENCY	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
		Conditions, if ony, which (b)	UNKNOWN
		gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>   Ving couse last.   Cc)   CC	
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I  Biliary Exploration - March 1959	(o) 19. WAS AUTOPSY PERFORMED? YES NO 3
		20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of wo	unty) (Stote)
		21. I certify that attended the deceased from April 28 , 1959, to May 5 , 1959 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	date stated above
		ACTUAL SIGNATURE NO. VAH, FORT HOWARD, MARYLAND	DATE SIGNED
1		PHYSICIAN'S HOWARD C. KRAMER, M.D.	
	22	Burial, Cremation, 22b. Date thereof Removal San Bruno, California	(State)
		FUNERAL DIRECTOR'S SIGNATURE  600 Harford Rd.  M. Cook-Blight, Inc.  Baltimore 11. Md.  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN  Cultury L.	
: Hal	st	ead & Company, 1123 Sutter Street, San Francisco, California.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 SEPECAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY our files. b. COUNTY MARYLAND files. CITY OR TOWN III ou CITY OR TOWN, (If outside corporate limits, write RURA) and give nearest town) c. LENGTH OF STAY IN 16 ctor INSTITUTION (If not in haspital, give street address) OR d. STREET ADDRESS e. IS RESIDENCE deloy is n retoined retoined YES NO Stote death. NAME OF First Middle 4. DATE Month DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF-WHAT COUNTRY? puo during myst of working life, even if retired) 13. FATHER'S NAME Give P form File SOCIAL SECURITY NO. 17 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMAN (If yes, give war ar dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY 5 MIN IMMEDIATE CAUSE (a) DUF TO Offi Conditions, if ony, which gave rise to immediate couse DUF TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY used 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year (County) factory, street, office bldg., etc.) While Not while a. m p. m. of work of work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry 4 CTOR agent opinion death resulted from: Notural couses Accident . Suicide . Homicide . Undetermined monner designated DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER [7] NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF CEMETERY OR CREMATORY 22d. LOCATION (City, lown for county) REMOVAL (Specify 0

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VS. A15ME 5M 2/57

UNERAL DIRECTOR

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* 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		527 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No. 4
HEALTH DEP	T.	o. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: extence before admission)  o. STATE  b. COUNTY  b. COUNTY
sary, please star. Page our files.	1	b. CITY OR TOWN (If outside garantee mill), write RURAL and give nearest lown) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)
Bear		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give treet leddress)    d. STREET ADDRESS   ON A FARRY?
delay is funer retained State death.		3. NAME OF DECEASED (Type or print) OF SUBJECT OF Manth Day Year OF DECEASED (Type or print) DEATH MANY 2 2 10
If any of the ory be ory be rith the ris ofter		6. COLOR OF RAVE 7. MARRIED NEVER MARRIED OF BIRTH 9. AGE IN 1500 FUNDER 14EAR IF UNDER 24 HP.
death. 2, and : age 5 m and 2 m 72 hour		WIDOWED DIVORCED DIVO
Pages 1. PM3. Popoges 1 poges 1	1	13. FATHER'S NAME)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
24 hours	1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  Address  Address
vithin 2 18. G 3 with rmit.	-	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). 1
cuted value in the man it is to be old in ord old ord old ord old ord old old old old old old old old old ol		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  DUE TO  DUE TO
be exe pencil i s Offic rial-tra		Conditions, if any, which (b) Cliftercoscilleropes is gove rise to immediate couse
shauld ig in aminer as o bu		(a), stoting the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY.
pendir cal Ex used cremot	0	PERFORMER?
his cert word ' sef Medi outd be	1	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
NER: The Chie 3 she or to b		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, P. m. 19 At white at wark at wark
EXAMI e, writi ed to f OR: Pag ent, pr		21. I certify that look charge of the remoins described obove, held on Autopsy . Inspection . Inquiry . ond in my opinion death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined monner
DICAL Gat Gat IRECT Fed og		ACTUAL SIGNATURE TO Rasel MOCHIEF MEDICAL EXAMINER DATE SIGNED.
try ME de the coll be	2	EXAMINER'S FRANK T. KASI KI ASSISTANT MEDICAL EXAMINER [] 1/23 DE NAME (Type) FRANK T. KASI KI ASSISTANT MEDICAL EXAMINER []
execute A shauf O FUNE or its o		22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  REMOVAL (Specify)  BurialMay 26 1959  Holy Redeemer Cemetery 4430 Belair Rd.
VS. A15ME 5M 2/57		3. MOYERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE  ADDRESS  1240. REC'D BY REGISTRAR 25 '59 CALLING S. Kraus
DIN 2131	E	Troving Control of the Birth

Suntaining of 1970 Holy Redoomen Comotery 4:30 Belgir Rd. 

requires that the death certificate be executed within 24 hours ofter death. Page

by the attending physicion and completely filled it. Then please remove carbon popers. Pages 1 or event within 72 hours ofter death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5274

CERTIFICATE OF DEATH

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		- CERTIFICA	AIL OI DEAIL	Reg. (	Dist. No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Md.	b. COUNTY Bal	
RURAL and give	(If outside carporote limits, wr nearest town)	ite c. LENGTH OF STAY IN 16	11	outside carparate limits, write RURAL and	d give nearest town)
	tonsville		52 Catonsv	ille	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give st		d. STREET ADDRESS		e. IS RESIDENCE
	Summit Nurs	ing Home	123 Smithw	ood Ave.	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year
(Type or print)	Fannie	Edna	Gilbert	DEATH May 30.	1959 19
S. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
F	W WID	OWED DIVORCED	Jan.28,188	3 lost birthdoy) Months	
10a. USUAL OCCUPATI	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		ITIZEN OF WHAT COUNTR
Houseke		Home	Md.		
13. FATHER'S NAME		TOMO.	14. MOTHER'S MAIDEN N	IAME	
J	ulius E. Py	les	Franc	es Aist	
(Yes, no. or unknown)	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	(If yes, give wor or dates of service)	M	re Fred Ko	enig Long Islan	2 Da 00
18 CAUSE OF DE	ATH [Enter only one cause po	er line for (=) (b) and (a) )	1 D . 11 CQ . 11 O	ents tong Islan	
	ATH WAS CAUSED BY:	er time for (a), (b), and (c).	A	0.	ONSET AND DEATH
11122	IMMEDIATE CAUSE (0)	neurologic '	remphasemen	an Dusque	8 ym.
7 dd.	DUE TO				/
Conditions, if a					
cause (a), stating					
lying cause last.	(c)			N. I. A. B. T. T. L. C. T.	
PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
5					PERFORMED?
200. ACCIDENT W	AS UNDERLYING 206.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Port II of item 18.)	1.00
OR CONTRIBUTING	MEDICAL EXAMINER)				
20c. TIME OF INJUR	RY Month, Doy, Year 20	d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Hame, form,	20f. (City or town)	
Hour a.m.	wi wi	hile Not while fo	ctory, street, office bldg., etc.	)	(County) (State)
		work ot wark			
21. I certify th	nat I attended the dece	eased from June	1952 to 1	10 , 1957, that I	last saw the decease
alive an M	vry 29 ,1	957 and that death	accurred at 1.50 P	LM, fram the causes and an	the date stated above
	1			ADDRESS (Street, city or tawn, state)	DATE SIGNI
ACTUAL SIGNATURE	tokua hos	RATE.	40 1118	17 Pa 050	1-1-59
1/	1		m.u		0-191
PHYSICIAN'S NAME (Type)	OHNA.NE	SAITTUR	Butte	more 2 hid.	
20. BURIAL, CREMATIC		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(64-4-1)
REMOVAL (Specify)	6-2-59		Park Cem.	Woodlawn Md	(State)
	2	and the country of	- COA IL CUIII .	THE COUNTY OF THE PARTY OF THE	

24a. REC'D BY REGISTRAR

JUN 3

159

24b. REGISTRAR'S SIGNATURE

Orthur S. Kraus

ADDRESS

Catonsville . Md

the registror prior page 3 should be TO HOSPITAL OR moy be retoin VS A1S (4) 1SM 10/57



23. FUNERAL DIRECTOR'S SIGNATURE

Farley Funeral Home

	and the second		
		Out of Street	
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	es are de la lace and desire.		
The second secon			

### FOR STATE HEALTH DEPT M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is necessary, please execute the reficate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State special of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

5M 2/57

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VS. A15ME

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH	2213	11	Where deceased li			pefore admission)
Baltimore	MARYLAN		ork	b. COUNTY		
b. CITY OR TOWN (If outside corporate and give negres) town!	Baltimore  MARYLAND  O. STATE  New York  C. CITY OR TOWN (if outside corporate limit, write BURAL and give recent leading)  Chase  AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Rural  ME OF TOWN (if outside corporate limit, write BURAL and give recent leading)  AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Rural  ME OF TOWN (if outside corporate limit, write BURAL and give recent leading)  AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Rural  ME OF TOWN (if outside corporate limit, write BURAL and give with give recent limit, write BURAL and give with give were in hospital, give street address)  Rural  ME OF COLOR OR RACE   Market   Month DEATH   Month DEATH   Month DEATH   Market   Ma	RURAL and give	nearest fawn)			
D. COUNTY  Baltimore    County   New York   New York   New EURAL   C. LENGTH OF STAY IN 16   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   Chase   Thushing   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   C. CHTY OR TOWN (If outlide corporate limits, write BURAL and give nearest fown)   C. STATE   D. CHTY OR CH						
d. NAME OF HOSPITAL OR INSTIT	FUTION (If not in hospital, give street address)					e. IS RESIDENCE
Rural		137-22 Ger	anium Av	emie		YES NO
3. NAME OF	First Middle				Do	y Year
(Type or oriet)	A. STREET ADDRESS   C. IS RESULTED   NATE   North   No. AFREY   NATE	1959				
		8. DATE OF BIRTH	9. A	GE (In years	IF UNDER TYEA	
M V	WIDOWED DIVORCED	Tune 24, 19	-/		Manths Days	Hours Min.
IOa. USUAL OCCUPATION (Give kind	of work dane 10b. KIND OF BUSINESS OR INDU			-	12. CITIZEN	OF WHAT COUNTR
		New Yor	k. N.Y.		IIS	Δ
13. FATHER'S NAME					00.	•
William M	Gittinger	Not Kno	wn			
15. WAS DECEASED EVER IN U. S. A	RMED FORCES? 16. SOCIAL SECURITY NO. 17.	. INFORMANT		Address		
		Mrs Dorothy	r Gittir	oen		come
		TIT D TO TO TITA	01.0011	1601	Y	
gave rise to immediate cause ( (o), stating the underlying	DUE TO					
PART II. OTHER SIGNIFIC	Baltimore  MARYLAND  TO GETOWN, If woulds experies famile, write BURAL  Chase  AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  RUPA  MO OF 1848  M	PERFORMED?				
CAUSE OF DEATH.	Airplane crash					
2		LACE OF INJURY (Home, for actory, street, office bldg., et	m, 120f. (City or to c.)	own)	(County)	(State)
5:15 p.m. 5/		r over farm	Chas	8	Balto.	Md.
21. 1 certify that I took	charge of the remains described of	bove, held on Autop	sy 🗶 , Inspe	ection [],	Inquiry [	, and in my
opinion deoth resulted f	rom: Notural causes . Accident	X, Suicide ,	Homicide	. Undeter	mined monr	ner 🗌
m	3					DATE AIGNED
	obavis	M.D. CHIEF MEDICAL E	EXAMINER [		1	DATE SIGNED
EXAMINER'S NAME (Type) M. B.	Davis. M.D.				1/12/	19
	TE THEREOF 22c. NAME OF CEMETERY C	or crematory Cemetery				(State)
23. FUNERAL DIRECTOR'S SIGNATUR		-	'D BY REGISTRAR		TRAR'S SIGNATI	URE
H. Sander & So	ns. Inc. Baltimore.	Md. DATE N	MAY 1 5 '59	Ca	Thun & the	asset.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. () 5252

1. PLACE OF DEATH O. COUNTY Baltir	OUNTY Baltimore  TY OR TOWN! If sunde corporate limits, write RUBAL  DUNDALIK 22  LENGTH OF STAY IN 10  C. LENGTH OF STAY IN 10  DUNDALIK 22  MACO PHOSPITAL OR INSTITUTION (If not in hospital, give street address)  31,12 Yorkway  Sull 2 Yorkway  The Mary and A DATE  MARTHAN  BAPT DATE  AND THE MARTHAN  AND THE MARTHAN  C. CUTO OR TOWN! (If sunde corporate limits, write RUBAL and give necrest town)  Sull 2 Yorkway  Test ADDRESS  G. STREET ADDRESS						
			U S U S				
and give nearest town)				Andrew Property and Control of the C			
			-11	INTH CC		le l	S PESIDENICE
	State of the second sec	opio, give meet dodress)		2 Yorkway		(	ON A FARM?
3. NAME OF -DECEASED (Type or print)				4. DATE OF DEATH			
5. SEX 6. C	OLOR OR RACE 7. MARR	IED NEVER MARRIED		9. AGE	(In years IFUNDE	-	NDER 24 HRS.
female v	white wipowi	DIVORCED	July 25,18	394   64"	yrs. Months	Days Hau	Min.
10a. USUAL OCCUPATION (G during most of working life, HOUSEWII	ive kind of work dane 10b.	KIND OF BUSINESS OR INDUS					AT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		444	
Daniel (	Frady		Unknown	1			
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
no	give war or dates or service)	none	Edward Per	cry	same as	#2	
Canditions, if any, we gave rise to immediate (a), stating the underlicause last.  PART II, OTHER SIG	DUE TO  Chich Chich Couse DUE TO  Chich Couse Co					PEI	RFORMED?
	JTING 🗆		Enter nature of injury in Pa	rt I ar Part II of item i	18.)		
ш о. пп	Whi	le NoI while foo			) (C	aunty)	(Slate)
21. I certify that I	took charge of the	remains described abo	ove, held an Autops	sy 🔲, Inspecti	on X Inqu	iry [], an	d find that
ACTUAL SIGNATURE	lelle	llun	M.D. CHIEF MEDICAL E	XAMINER [	mined cause [		
						5,	
22a. BURIAL, CREMATION, 22 REMOVAL (Specify)	76. DATE THEREOF						
Burial	5/27/59						lina
WHITE POST	Buch		alk, Md DAMEAY	2 8 '59			

VS. A15ME(5) 5M 9/5S

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VI 1/2	MARYLAND STATE DEPARTM		
I director, filed with	5276 CERTIFICA  1. PLACE OF DEATH O. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (W	/here deceosed live
offer death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lodge Forest  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  2109 Maple Ave.	c. CITY OR TOWN (IF  X Lodge For d. STREET ADDRESS 2109 May	outside corporote
in 24 haurs filled in by ges 1 and	3. NAME OF DECEASED (Type or print) ARTHUR CHESTER GRAMMER	Lost	4. DATE OF DEATH
quires that the death certificate be executed with graed by the attending physician and campletely permit. Then please remave carban papers. Pain any event within 72 haurs after death.	Male White WIDOWED DIVORCED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor  13. FATHER'S NAME  Andrew Grammer  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) No.  16. SOCIAL SECURITY NO.  17. PART I. DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if Dny, which gove rise to immediate couse (o), stoting the under-	and the second second	e or foreign countr 1d NAME 10W
Did be		D. (Enter noture of injury in ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City or t
TO HOSPITAL O may be retain TO FUNERAL D, page 3 shauld the registrar pr	22c. NAME OF CEMETERY O Parkwood Cen	netery	22d. LOCATION
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ullrich Funeral Home 2112 Dundalk Ave.		'D BY REGISTRAR

-BALTIMORE, 18 05253 Rea. Dist. No. ere deceased lived. If institution: Residence before admission) b. COUNTY Baltimore and utside corporate limits, write RURAL and give nearest town) rest e. IS RESIDENCE ON A FARM? Le Ave. YES NO X 4. DATE OF DEATH Month Year Day May 22 19 59 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 72 yrs. or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. AME WC Address 8346 Bear Creek Drive INTERVAL BETWEEN ONSET AND DEATH NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TH Port I or Port II of item 1B.) 20f. (City or town) (County) (Stote) 2219 7, that I last saw the deceased M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (Stote) Parkville, Md.

24b. REGISTRAR'S SIGNATURE

Orthun & Kraus



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Today o orwest Opposite the state of the state 200-2-00-3 The late of the property of th COLOR SERVICE SERVICE

MARYLAND STA	TE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
0211	CERTIFICATE	OF DEATH		

05254

	Keg. Dis	T. NO.
1. PLACE OF DEATH O. COUNTY BACKWILL MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE 15. COUNTY 5.	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RHAL and give negrest town)  Landalls town  6	c. CITY OR JOWN (If outside carporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	Wenan Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Tabitha May	Gray 4. DATE OF DEATH Way	Day Year 1959
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1 1/15-1874   Surprise Months   Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	Dustry 11. Birthplace (Stole or foreign country)  12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
19	Perge Pany Gudress	Within, &
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  DUE TO	functions.	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a), stating the underly lying cause last.  Canditions, if any, which gave rise to immediate couse (b)  DUE TO  (c)	- octo	
CAT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased from Manager alive on Standard 19 9, and that deceased from Manager and that deceased from Manager and that deceased from Manager and the decea	ath occurred at 1115 M, from the causes and on the ADDRESS (Street, city or town, state)	e date stated above
PHYSICIAN'S Charles H. M. Michis	Pifferuite & ha	1 6,04.62
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER SEMOVAL (Specify) 5-/6-59 Stone	Y OR CREMATORY 22d. LOCATION (City, town, or sounty)	Stole
23. FUNGRAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS	DATE MAY 18 '59 Cartley &	

The section of the se Marine Court of and There we have the Gray in non Test the 1824 1) Francisco AW Louden Comment Burn Perg THE RESIDENCE CONTRACT STREET and the trained was 27 de 1. C. - 6. 5 and the second from the second The Charles and the formal the same Charles H. Election A STATE OF THE PROPERTY OF THE

# FOR STATE HEALTH DEPT.

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necessary, please of frector. Page your files. Boord of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is ne execute the control within 9 word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo ar its designated agent, prior to burial, cremation, or removal, and in any engli within 72 hours after death.

> 5. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5278 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	D. CITY OR TOWN (I revible expense hink, write BURAL or LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest lown)  Chase  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MANE OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CERORGE  OSCAR  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF CONTROLL OR INSTITUTION (If not in hospital, give street oddress)  RIPAL  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCURATION (Give kind of work done)  MARKET OF COLOR ACCUR								
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d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Rural		d. STREET ADD	RESS		ue	e. IS RESIDENCE ON A FARM YES NO			
					OF	19.01			
5. SEX						last birthday)			RS.
Beltimore  MARYLAND  D. COUNTY Beltimore  MARYLAND  D. STATE  New Jersey  D. COUNTY  CHESCO  C	OF WHAT COUNT	'RY'							
		RCES? IA SC	OCIAL SECURITY NO. 17		y Eliz.				
(Yes, no, or unknown)	(If yes, give war or dates of	rervice)			n N. Gri			wood Ave	
Conditions, if gove rise to imme (o), storing the couse fost,	DUE TO DUE TO DUE TO Only, which diote couse underlying HER SIGNIFICANT CON	) IDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE			VEN IN PART I(o)	PERFORMED?	
	NTRIBUTING []								
20c. TIME OF INJU	X = /20	While	Not while O for	tory, street, office bldg	g., elc.)			(Stote	
opinion death	restricted from:	Natural co	Dounel	Suicide C	, Homicid  CAL EXAMINER [ MEDICAL EXAMIN	e , Undete	1. /		ıy
Beltimore  b. COUNTY Beltimore  b. COUNTY Beltimore  b. COUNT OF TOWN If conde experience being, wide BUPAL C. LENGTH OF STAY IN 16  C. CITY OF TOWN If condice corporate limits, write BUPAL and give mercets to wide of the conditions of the condit	(Stote)								
D. COUNTY  b. CITY OF TOWN II cannot compete him, write BUFAL  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in control buff.  C. CITY OF TOWN III out in init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out for III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out for III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out for III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out for III out init, write BUFAL and give necret lown  C. CITY OF TOWN III out for III out for III out init, write BUFAL And give necret lown  C. CITY OF TOWN III out for III out									

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VS A15 (4) 15M 9/55 M

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
5279	CERTIFICATE	OF	DEATH	

1. PLACE OF DEATH  o. COUNTY  Beltimore		•	MARYLAND	II A STATE			If institution: Resi		dmission)
b. CITY OR TOWN (III RURAL and give ne			TH OF STAY IN 16	c. CITY ÖR	TOWN (If outs		nits, write RURAL or		fown)
d. NAME OF HOSPIT	Md. (Belcalif not in hispital gi	ve street address)	2 yrs.	d. STREET	ADDRESS Belo	olaire (	ircle		S RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Joh anna	Ellen	Middle	roeninger		OF DEATH	Month	Doy	Year 19 50
5. SEX Female	6. COLOR OR RACE				TH	9. AG	E (In years IF UNE birthdoy) Month		UNDER 24 HRS.
10a. USUAL OCCUPATIOn during most of work	N (Give kind of work d ng life, even if retired)		BUSINESS OR INC	1	Ltimore		12.	U.S.A.	HAT COUNTRY
13. FATHER'S NAME Michae	el J. O'Bri	en			s maiden nam rgret Ja	ane O'Br	ien		
1S. WAS DECEASED EVER	IN U. S. ARMED FORC If yes, give war ar dates of se		ECURITY NO. 17	Mary Ja	ane Moor	re (gran	Address addaughte:	r)15 Be	lclaire Circle
Conditions, if or gove rise to in couse (o), stoting I lying couse lost.	he under- (c)		Arteriosc	cular Acc	cardia 1			ONSET	AL BETWEEN AND DEATH
PART II. OTH	Ch ronie				O THE TERMINA	L DISEASE CON	DITION GIVEN IN F	P	VAS AUTOPSY ERFORMED? S NO T
U (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enler noture	of injury in Port	l I or Port II of i	tem 18.)		
20c. TIME OF INJURY Hour o. fr. p. m.	Month, Day, Yea		while	PLACE OF INJURY foctory, street, offic	(Home, farm, te bldg., etc.)	20f. (City or tow	n)	(County)	(Stote)
21. I certify the alive on	) Lechert C. Herbert	. 1259 Muel	and that dea	th occurred at  M.D. There	730 A)	M, from the	1957, that causes and on your town, state)	I last saw the date s	the deceased stated above.  DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	May 25,		ME OF CEMETERY arkwood	or crematory em.			ore, Md.	y)	(Stote)
23. FUNERAL DIRECTOR'S Wm Cook-	signature Lowson, In		York Rā	·Towson	24a. REC'D B	Y REGISTRAR	24b. REGISTRAR'S	SIGNATURE & Kraus	

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TO HOSPITAL OR may be retained TO FUNERAL D

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5280 **CERTIFICATE OF DEATH**

05257

1	PLACE OF DEATH  a. COUNTY  BALTIMOR	E		MARYL	AND	2. USUA a. STA	RESIDENC IE MARYL	E (Where	deceased	lived. Il institut b. COUNTY		nce befor		sion)
	b. CITY OR TOWN (If RURAL and give ne	outside carporote limits	, write	c. LENGTH OF STAY I	N 1b	c. CIT	OR TOWN	N (If outs	ide carpor	ate limits, write	RURAL and	give nec	rest taw	1)
	BALTIMOR			2 YEARS		X	BALTIN	MORE						
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, giv	e street	oddress)		d. STI	EET ADDRE	ESS					e. IS RES	IDENCE
	7 A MAI	PLE DRIVE				/	7 A 1	MAPLI	E DRI	VE				FARM?
3.	NAME OF DECEASED (Type or print)	FANNTE		MAE	GROS	SS	Lost	4	OF DEATH	MAY	nth	27	*	Year 19 5 <b>9</b>
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIES		8. DATE OF	BIRTH		9	P. AGE (In years	IF UNDER			ER 24 HRS.
	FEMALE		VIDOWE	The second second		7-2-	1.898			last birthday)	Manths	Days	Haurs	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work do	ne 10b.	KIND OF BUSINESS OR	INDUS			(State ar	foreign cou			TIZEN O	F WHAT	COUNTRY
1	HOUSEWIE	ing life, even if refired)		AT HOME			BOONE					U.S		
/13	. FATHER'S NAME	10		AT HOME			HER'S MAIL	7		TITIM		0.0	0.5% 0	
	JACOB FI	ETCHER					MARTIS							
15	. WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. IN	FORMAN		01125	JI CLILL C	Ade	iress			
4	NO (ex. no. or unknown)	f yes, give wor or dates of sen	rice)	46-36-1514	1	VRS. 1	MARY .	JO SI	иттн			DRIV	E	
A CERTIFICATION	Canditians, if an gave rise ta in cause (a), stoting it lying cause last.  PART II. OTHI  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A)	ER SIGNIFICANT CONDI		ONTRIBUTING TO DEAT	CURRED	). (Enter na	ture of injur	ry in Part	I ar Part I	II of item 18.)	VEN IN PAR		PERFO	
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Manth, Day, Year	While	Not while of wark	POe. PLA fact	CE OF INJ	URY (Home, affice bldg	, farm, i., elc.)	20f. (City o	or town)	(1	Caunty)		(State)
300	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	M. Rombro	lecease 19	and that o	^	A.D	805	Fus	elage	the causes over, city or town,	state) Balto	he dat	e state	ed abave
122	<ul> <li>BURIAL, CREMATION REMOVAL (Specify)</li> </ul>			22c. NAME OF CEMET			RY	22	131	ON (City, tawn,			(State	=)
_	BURLAL	5-30-1959	2		ETE	RY			BOON	E, NORTI	H CAR	DLIN	A	
23	SACHUETOR'S	SIGNATURE MALLALA	me	ADDRESS 2 7401 8	Belo	rie 6	24a.	301	Y REGISTS	24b. REGT	EXPARIS SU	ENATUR	EA	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. TH DEPT 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o COUNTY Page b. COUNTY files. Health, Baltimore MARYLAND Pennsylvania b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give regrest town? Or. 40 Lancaster Chase 0 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AGORESS ON A FARM? 93 Peach Lane Rural YES NO delay is funeral retaine State death. NAME OF Middle DATE First Month Year DECEASED 1059 12, GULICK May (Type or print) DORTS DEATH ELATNE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min female whi te WIDOWED [7] DIVORCED 18, 1930 28 yrs Dec. 50 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Poge 72 Hostess Airplane Pa. Give Pages h form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pauline M. Robert Gulick Haugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give wor or dates of service) Mr. J. R. Gulick - Blossom Hill. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (o) DUE TO Off Conditions, if ony, which gave rise to immediate cause DUE TO (a), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION P PERFORMED? YES TX NO T 300 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Airplane crash 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) 5:15 p. m. Not while 19 59 Balto. Md. Air over farm Chase ing the of work 1 of work 21. I certify that I took charge of the remains described above, held an Autapsy X. Inspection Inquiry . CTOR: opinion death resulted fram: Natural causes , Accident X Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S desi Charles O'Donnell should FUNER NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 40 0 Burial Greenmount Cem. York, Pa. ADDRÉSS FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME

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5M 2/57

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William Box Land Hill Section (Ac. of			
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may be retained to the hospital or attending physician.

TO FUNERAL DI.

OR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4

VS A1S (4) 1SM 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5282 **CERTIFICATE OF DEATH** 

1.	a. COUNTY B	altimore		MARYLA		o. STATE	Mary.		d lived. If institut b. COUNT		ce before		
	b. CITY OR TOWN (If RURAL and give ner	autside carporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR	TOWN (If o	utside corpo	rate limits, write	RURAL and g	give neare	est town)	V
		tonsville		llmth23dys		Seat	Pleas	ant Ma	ry land	16	X -	2	
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street			d. STREET A	DDRESS				e.	IS RESI	
	SPRING GR	OVE STATE	HOS	SPITAL		640	8 Gre	ig Str	reet			ON A	
3.	NAME OF	Fir	st	Middle	11	Lo		4. DATE		nth	Day		'ear
	(Type or print)	Mare	euri		l Ha	lstead		OF DEATH		ay	20		, 59
S.	SEX		,	NEVER MARRIED	440	ATE OF BIRT			9. AGE (In years	IF UNDER	1 YEAR IF		,
	female	white	WIDOWI			y 15,		1275	lost birthday)	Months		Haurs	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR I				ar fareian co			IZEN OF	WHAT	COUNTRY?
	during most af warki	ing life, even if retired	)					ylvani			U. S		
13	housewife	;			[].		MAIDEN N		-a.		0. 0	. 22.0	•
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-		Linford Ru		I	17 1150		Kate	GOB					
(Y		IN U. S. AKMED FOR If yes, give war or dates of s			17. INFO					dress	to circi	(T) A T	
L	unknown			Unknown	Reco	rds:	SPRI	NG GI	ROVE ST	ATE H	IOSPI'	TAL	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO  Ty, which omediate DUE TO	Ur Ar	ne for (o), (b), ond (c).] emia teriosclerot	ie C	ardiov	ascula	ar dis	ease		ONSET	T AND I	DEATH
ATION	PART II. OTH	) (c	DITIONS	CONTRIBUTING TO DEATH			THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PAR		PERFOR	AUTOPSY RMED?
CERTIFICATION		CAUSE OF DEATH		CRIBE HOW INJURY OCC			of injury in P	Part I or Part	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	While at wor	Not while	le. PLACE factory.	OF INJURY ( street, affic	Home, form, e bldg., etc.	20f. (City	or tawn)	(0	County)		(State)
	Olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	May 20 Fulla tella Wach	Mo sler,	ed from April 59 , ond that de celesler M. D.	-	SPR	3:40a	M, from ADDRESS (SI	STATE  Mary 1	and on the store) HOSPI	he dote	stote	
22	BURIAL CREMATION BUYEL Specify)	5/23/59	9	Colesvill	.e				ION (City, fown, sville	ar county)		(State	
-	. Gasch's			saltimore A sville, Mar				BY REGIST		istrar's sic			EVAIL:

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SANDER & SONS, INC. North Ave & Broadway Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1 /		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 35	>	CERTIFICATE OF DEATH  Reg. Dist. No. 0526	1
director, filed with		1. PLACE OF DEATH O. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE O. ST	E
funerol ould be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BALTO.  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
by Shou	X	d. NAME OF HOSPITAL (IE not in hospital, give street address) OR INSTITUTION OF I	42
n 24 har		3. NAME OF DECEASED (Type or print) PHILIP OR PHILIBERT HARANT DEATH MAY 22 195	9
d within olerety rs. Page	1	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  1886  9. AGE (In years lost birthdoy)  10st birthdoy)  7. Months Doys Hours M  Months Doys Hours M	HRS.
ond campone or death.		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country)  12. CITIZEN OF WHAT COUNTRY	NTRY
sician on e corbar rs after		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  THERESA KUBELEK	
ng physe remov		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  Address  Address  Address  Address  Address  Address	T.
he death attendi		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Cancer of stomach  Vrs?	H
s that the d by the mit. The my ever		/5/X DUE TO Conditions, if ony, which ) (b)	
an.  signed sit per		gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>   Ving couse last.   Calculate   Calculat	
the law physici hos bee riol-trar maval, a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOI PERFORMED YES NO	
trending ifficote ifficote the bu		20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
PHYSIC tol ar ol this cert or use as		20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of	ote)
NDING the hosping Attention of the policy of		21. I certify that I attended the deceased from $1-28-$ , $19.57$ , to $5-22-$ , $19.59$ , that I last saw the decealive an $5-21-59$ , $19.59$ , and that death accurred at $4:60p$ M, from the causes and an the date stated at	ased
De det		ACTUAL SIGNATURE M.D. 1 W. Overlea Ave. 5-23-59	
RAL D should stror pu		PHYSICIAN'S Dr. Richard R. Rigler Balto. 6 Md.	
may be o FUNE poge 3		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
VS A15 (4) 15M 10/57	8	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATEMAY 2 6 '59  DATEMAY 2 6 '59  DATEMAY 2 6 '59	
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necessary, please director. Page your files. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5285
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg.	Disf.	No	U	6	U	6	

					11.6	8. 0101. 1402	
1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE o. STATE GOOD	(Where deceased fi	b. COUNTY	Residence before	e odmission)
b. CITY OR TOWN (If outside corporate In and give nearest lown)  Chase	mits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporot	e limits, write RURA	L and give near	rest town)
d. NAME OF HOSPITAL OR INSTITUT  Rural	TON (If not in hosp	ital, give street oddress)	d. STREET ADDRESS	West Vie	w Drive		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HAROLD	Middle M .	Lost HECKMAN	4. DATE OF DEATH	Month Mav	Doy 12,	Yeor 19 59
5. SEX 6. COLOR OR male white		NEVER MARRIED 8		9. A		NDER TYEAR IF	F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if re Student	work done 10b. Ki		RY 11. BIRTHPLACE (Sto		y) 12.	. CITIZEN OF V	WHAT COUNTRY?
13. FATHER'S NAME Harold M. Heck	man. Sr.		Not Know				
15. WAS DECEASED EVER IN U. S. ARM  Yee, no. er unknown  (If yes, give wor or   Yes		I	rormant Iarold M.H thens.Ga.	eckman S	Sr. Address 90	West V	liew Dr.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	USE (6)	tiple extreme		MINAL DISEASE CO	ndition given in	PART 1(0)[19.	WAS AUTOPSY
PART II, OTHER SIGNIFICAN  20g. EXTERNAL CAUSE WAS PRIMARY B. or CONTRIBUTING  CAUSE OF DEATH.	20b. DESCRIBE	HOW INJURY OCCURRED. (E		art I or Part II of its	em 18.)		PERFORMED?
20c. TIME OF INJURY Month, D. 5715 p. m. 5/12	While			tc.)		(County) Balto.	(State)
21. I certify that I taak che opinion death resulted from			Suicide ,	Homicide	ction [], Ind , Undetermina		ond in my
EXAMINER'S NAME (Type)			ASSISTANT MEDI DEPUTY MEDICAL	L EXAMINER		1/1	Nog
226. BURIAL, CREMATION, 22b. DATE TO REMOVAL (Specify)  BUTIAL May, 1  23. FUNERAL DIRECTOR'S SIGNATURE	HEREOF 12 4.1959	22c. NAME OF CEMETERY OR  Oconee Ceme  Address	crematory tery	Athens.	(City, fown, or cour		(State)
	SONS. INC			4 4 150	arthun .		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL SACTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 6 or its designated agent, prior to burial, cremation, or removol, and in any every within 72 hours after death. 4 shauld by VS. A15ME 5M 2/57

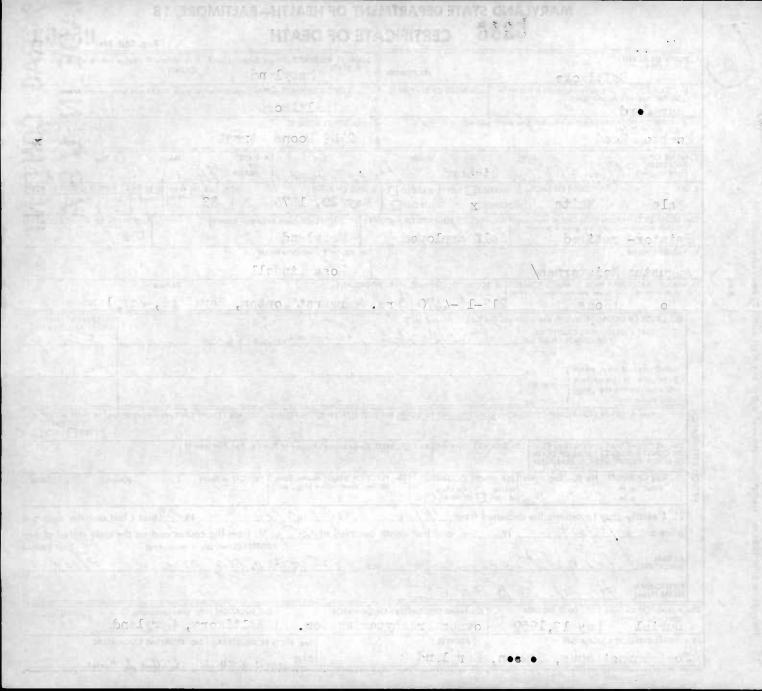
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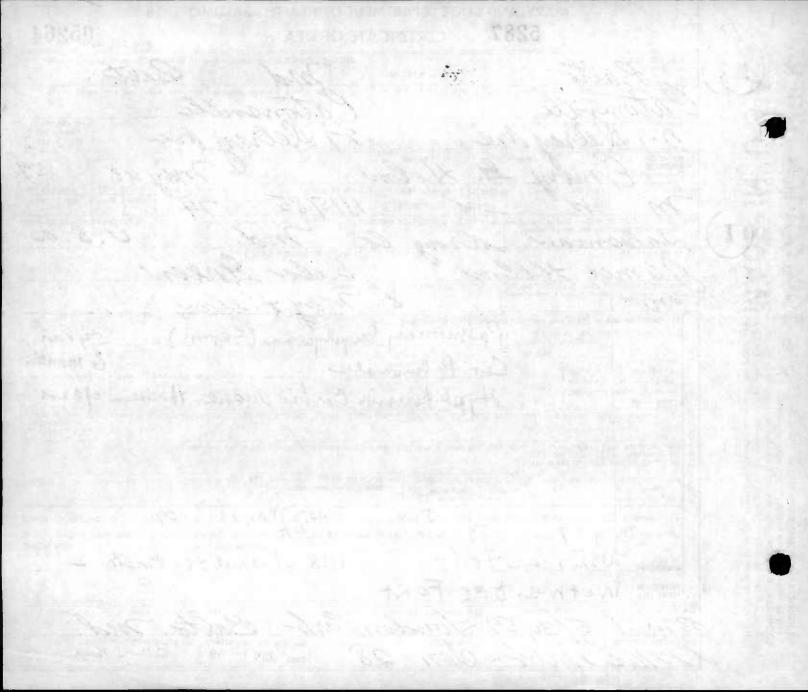
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5286 CERTIFICATE OF DEATH

)	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
/	Baltimore MARYLAND	Maryland
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Hereford .	Baltimore 3V0/-4
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?
	Monkton Road	2709 Boone Street
	3. NAME OF DECEASED (Type or print) CARHAS Richard	Fels Termen Death MA 4 10 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	May 20, 1875
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Painter- retired   Self employed	Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Augustus Heistermand	Rosa Pindell
)		INFORMANT Address
/		s, Margaret Foster, Hereford, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), gnd (c).]	INTERVAL RETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thrombosis ONSET AND DEATH
	332 X DUE TO	s way
	Conditions if new which )	
	gove rise to immediate (	
	lying course lest	
		JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	PERFORMED? YES NO A
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour o. m.    While   Not while	octory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 4/18	. 1957, 195/10 1952, that I last saw the deceased
	alive an 2/1/59 19 and that dea	th accurred at 12 9 M, fram the causes and an the date stated above
	- , did mar ded	ADDRESS (Street, city or lown, stote)  DATE SIGNED
	ACTUAL CAM FACTOR	TARKTON MS 5/10/0
	SIGNATURE (11)	M.D
	PHYSICIAN'S A. M. FRANCE	
Į	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	(300)
۱	Burial May 13,1959 Govans Presby	terian Cem. Baltimore, Maryland
ı	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	John Burns' Sons, Towern, Maryland	DATE MAY 1 2 159 Outling & House



requires



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 15265

1. PLACE OF DEATH a. COUNTY	BALTO	528	38 MARYLAND	2. USUAL RESIDENCE (	Where deceased	l lived. If institu b. COUNT	-		nission)
b. CITY OR TOWN	(If outside corporate limits, write	RURAL C. LÉ	NGTH OF STAY IN 16		If outside corpor Balto	rate limits, write	RURAL ond	give negrest to	own)
	Raspe Ave.	nal in hospital, g	give street address)	/d. STREET ADDRESS 120 Raspe	ave Ba	lto 6		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First		Middle HI	Lost DEBUST	4. DATE OF DEATH	May	21	,	Year 19 59
5. SEX male		WIDOWED	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years lost birthday)	Months D	YEAR IF UNI	Min.
Salesman-			of BUSINESS OR INDU		e, Mary		12. CITIZ	EN OF WHAT	COUNTR
13. FATHER'S NAME Unk	known Herber	rt		0.00		nown			
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORG	ervice)	1 SECURITY NO. 17.	Frances Herb	ert(wif	Address e) same			
Conditions, If gove rise to imm (a), stating the cause last.	ediate cause	Hypert	yocardial ensive Car eclerosis	diovascular I	)isease			undet	
Dial	oete Mellitus			NOT RELATED TO THE TERA	MINAL DISEASE (	CONDITION GIV	EN IN PART	1(a) 19. WAS PERFO YES	AUTOPSY ORMED? NO
	AUSE WAS ONTRIBUTING   20b.	. DESCRIBE HOW	INJURY OCCURRED.	(Enter nature of injury in Pa	ert 1 ar Part 11 af	item 18.)			
20c. TIME OF INJ Hour o. m p. m		While		ACE OF INJURY (Home, for ctory, street, office bldg., etc.		r town)	(Cour	nty)	(State)
	that I took charge of from: Natural c	1000	ins described ab	ove, held an Autop vicide, Homicid	e [], Und	pection <b>X</b> , determined o			find the
EXAMINER'S NAME (Type)	John C H	yle MD		ASSISTANT MEDICAL			5-21-5	9	
220. BURIAL, CREMATI REMOVAL (Specif Burial	May 25. ]	1959	IAME OF CEMETERY O			ON (City, town, Baltimor		(Sto	
23. FUNERAL DIRECTO	7 1	11	DDRESS 47 HOLAS	11 10	D BY REGISTRA		STRAR'S SIGN		

VS. A15ME(5) 5M 9/55

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 27	y be retained by the haspital ar attending physician.	UNERAL D TOR: After this certificate has been signed by the ottending physician and completely filled in by funeral director.	2	resistron prior to burief gremotion or removal and in any event within 72 hours offer death
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TO FL page the re VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

05266

						Reg. Dist. N	lo.	
PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RES	Mary		lived. If institution b. COUNTY	n: Residence be Balt1		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16		town (If our		ote limits, write RU	RAL ond give I	nearest tow	n)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 1107 Elmridge		d. STREET	ADDRESS Elmri	dee	Aven.		ON	SIDENCE A FARM?
	fton Middle C1/1/ffon		ost	4. DATE OF DEATH	Month May		Day 4	Yeor 19 <b>59</b>
male 6. COLOR OR RACE 7. MARRIER WIDOWED		NOV.		907		Months Day	-	ER 24 HRS Min.
. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Personnel Manager  Wat		co G	aithe	rs, l	untry) Maryland	12. CITIZEN	S. A	
Elias C. Hobbs		Mar	s maiden na	,,,,,	The second second	Ida M	. Day	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO [11] yes, give wor or dates of service]		INFORMANT Margare	t A.	Hobbs	Addre	 Elmrid	ige A	ve.
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under- (ying couse lost.  CAUSE OF DEATH [Enter only one couse per line [Building of the line  Conditions of the line  Con	ronic Conce	gestu feat!	Justinal Justinal	(-M	Failu Hulste		NTERVAL BINSET AND	
PART II. OTHER SIGNIFICANT CONDITIONS COI  20a. ACCIDENT WAS UNDERLYING   CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NTRIBUTING TO DEATH BUT					N IN PART 1(o		ORMED?
<u> </u>	Not while fa	LACE OF INJURY		20f. (City	or town)	(Count	(y)	(Stote
21. I certify that I attended the deceased olive on	from, ond that death		4A		the causes or	nd on the o	dote stat	
ACTUAL SIGNATURE MARTIN T	· STATE EN		M.D		ana Y	1700		× 5
PHYSICIAN'S MARTIN (T. MAME (Type)	STATE CW 22c. NAME OF CEMETERY C Meadowrid		2	2d. LOCATI	ON (City, town, or		(Sio	

# MATPUAND TARRESTANDATION HEATTH-SALTHORS, 18

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	Baltimore			
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	Pergaret A. Hobbs	0	ideH .D zell	E3
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	venue en la	107 Wilkens A	, busddud .	Howard H

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05267

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5290

0.000	Reg, Dist. No.
1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE  b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL	X RURAL
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
BOX#206 RTIG BIRDRIVERKE	BOX#206, RT. 16 BIRD RIVER ROES NOD
3. NAME OF DECEASED Middle	Lost 4. DATE Month Doy Yeor
(Type or print) HERBERT FRANCIS	HOCKLEY DEATH MAY 23, 1959.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthdoy) Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	C DILALICI SIC ALV
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHAPIES HOCKIEY	GRACE INVIANI
	INFORMANT Address
YES W W TZ 213-09-3187	MARIE L. HOCKLEY SAME
18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).]	INTERVAL DELWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ( O RONARY	Oce LUSION
420.1 DUE TO	<b>&gt;</b>
Conditions, if ony, which) (b) 13-5-C-U	Diseas e
gove rise to immediate couse (a), stating the underlying DUE TO	
couse last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW YURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)
PRIMARY LI or CONTRIBUTING II	Cine nature of injury in rors t or rors to stem to.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PL Hour a. m. p. m. 19 at work at work	ACT OF INJURY (Home, form, 20f. (City or tawn) (County) (State)
21. I certify that I taak charge af the remains described ab	ave, held an Autopsy , Inspection , Inquiry , and in my
apinian death resulted fram: Natural causes , Accident	, Suicide, Hamicide, Undetermined manner
ACTUAL SIGNATURE MACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S M.B. DAVIS MD	ASSISTANT MEDICAL EXAMINER D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF COMMENT OF CEMETERY OF CEMETERY OF COMMENT OF CEMETERY OF COMMENT OF CEMETERY OF CE	EART CEM. 7401 GERMAN HILL RO, MD
23. EUNERAL DIRECTOR'S SIGNATURE , 401 5 CONKL	INGS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the cate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be added to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State 86.7 are its designated agent, prior to burial, cremotion, or removal, and in any event/within 72 hours after death. VS. AISME 5M 2/57

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1, PLACE OF DEATH o. COUNTY	ltimore	MAI		ENCE (Where deceased		Reg. Dist. No on: Residence befo	re admission)
/	(If autside carporate limits,	1	Y IN 16 c. CITY OR TO	OWN (If outside corpor	ate limits, write R	URAL ond give ne	arest town)
OR INSTITUTION	PITAL (If not in hospitol, give		7308	DORESS Heinle Av	re		e. IS RESIDEN ON A FAI YES NO
3. NAME OF DECEASED (Type or print)	HARRY A	HORNBERGE	R	4. DATE OF DEATH	5/12		Year
5. SEX Male	6. COLOR OR RACE 7. White w	MARRIED NEVER MARI		1879	9. AGE (In years lost birthday) 79 yrs.	Manths Days	Hours /
10a. USUAL OCCUPA Stationar	ION (Give kind of work done orking life, even if retired) Y Fireman	Coal Min	OR INDUSTRY 11. BIRTHPLA	CE (State or foreign company)		12. CITIZEN C	F WHAT CO
13. FATHER'S NAME	Hornberger		14. MOTHER'S	MAIDEN NAME arah Henr	ninger		
Peter	ER IN U. S. ARMED FORCES	al l		Zeigenfus	Add 3e,7308		Ave.
	In yes, the wor or other or service	119 10 07					ERVAL BETWE
15. WAS DECEASED E	EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		:).]	pufficience	7	ON!	2 4

ADDRESS

Howard H. Hubbard 4107 Wilkens Ave.

AL BETWEEN WAS AUTOPSY PERFORMED? CERTIFICATI YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) Day, Year 20d. INJURY OCCURRED 20f. (City ar tawn) (County) (State) Not while Hour o. m. of work p. m. 21. I certify that I attended the deceased from 19 59, that I last saw the deceased and that death occurred at and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) My 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Citzens Cemetery Lavelle

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24a. REC'D BY REGISTRAR

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE

# MAXYLAND STATE DEPARTMENT OF HEATH-BALLIMOKE, 18 ZESSEN CERTIFICATE OF DEATH

Baltimore	.bM		rimere	8						
cunty (Rosedale)	Paltimore C		Library							
9V)	7,00 leinle	à.o*[e	einle Ave. 3	1 8057						
5/12/59 -		HEDRIER IN	A YARAH							
27	lay 25,1879		white	Male						
e !	Pennsylvan.	Coal Mines	nemental.	tetioner						
nringer	Sarah Hen		Hornberger	Feter						
see,7308 Heinle Ave.	naugh Zelgeni									
reile, Pa.	College Street and a service	Citzens Cer	66/67/6	Burial						
Street Street Street		Wilkens Ave.	OIF bradduff.	HOWARD P						

VS A15 (4) 15M 9/5B N

5292	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. 05265
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	o. STATE Maryla:		Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RI	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	years	A. STREET ADDRESS Baldwin		e. IS RESIDENCI ON A FARM YES NO
NAME OF DECEASED (Type or print) Herry Sky	Middle	Herlice	4. DATE Mont	
Female White WIDOWED	DIVORCED [	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 H   Months   Doys   Hours   Mir
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		The second second		12. CITIZEN OF WHAT COUNT
Farmer Gen.	. Farm		, Maryland	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
J. Danial Hurline  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO.	Mary El	izabeth Brow	
Yes, no, or unknown)   (If yes, give war or dates of service)				Baldwin
		Irs. Clara	E. Hurline	Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	), (b), and (c).]	Carcio	s a so	INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, which gove rise to immediate (b)	916, -0	- PI	·state	440
couse (o), stoting the <u>under-</u> lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOP PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HO OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
Zoc. TIME OF INJURY Month, Doy, Year Hour o. m. 19 of work □ of	ot while for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	), 20f. (City or town)	(County) (Sto
21. I certify that I attended the deceased from alive on May 19 59  ACTUAL SIGNATURE William L,	, and that death		- /	that I last sow the deceased an the date stated aba stote) DATE SIGN
PHYSICIAN'S NAME (Type) William L. Tyson	T	M.DKings	ville, Maryl	and
REMOVAL (Specify)	NAME OF CEMETERY O		22d. LOCATION (City, town, o	
	DDRESS	24a. REC'	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

len. Pen Penerly, Pervilse 1 8. L. W. ALLE TO THE DESCRIPTION OF THE PERSON OF THE Dend pure to self evenest to the court of heart they been been PARTIES TO THE PROPERTY OF THE PARTIES AND AND ADDRESS OF THE PARTIES.

./-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
#	5903 CERTIFICATE OF DEATH

HOSPITAL.

Unknown

Arteriosclerot

Generalized ar

20b. DESCRIBE HOW INJURY OCCU

ADDRESS

20d. INJURY OCCURRED

of work of work

24b. REGISTRAL'S SIGNATURE

Citing S. Kensel

24g. REC'D BY REGISTRAR

3 CERTIFI	CA	IE O	F DE	ATH				Reg. D	ist. No		270
MARYLAI	ND	o. STA1	re M	aryla	end	t.	If instituti COUNTY				
E. LENGTH OF STAY IN	16	c. CITY	OR TO	WN (If ou	tside corp	orate lin	nits, write R	URAL and	give ne	arest town	) \
lyrllmth 12	dys		EET ADD				3	VOI	- 4	e. IS RES	IDENCE FARM?
PITAL .		26	25 1	Washi	ngto	h B	Lvd.			YES [	
Middle Schlee	t	Imfa	lost		4. DATE OF DEATH		May	<sup>th</sup> 20	D	,	Year 19 <b>5</b> 9
DEVER MARRIED DIVORCED	ш,	DATE OF		1873	3 2	9. AGI	E (In years birthdos)	IF UNDER	Doys	Hours	-
IND OF BUSINESS OR II	NDUSTR		W.	E (State o	ngton		C.	12. CI		S. A	COUNTRY
		IA. MOII		zabet	2.5	wmar	1				
OCIAL SECURITY NO.	17. INF	ORMANT					Add	ress			
nknown	Re	cords	3: 3	S PRIN	IG G	ROVE	STA	ATE I	HOSE	PITAL	
far (a), (b), ond (c).] eriosclerot	ic	ar di	iova	scula	r di	seas	Se .			ERVAL 8E	
eralized ar	ter	iosc	lero	sis							
NTRIBUTING TO DEATH	BUT NO	T RELATI	ED TO TH	HE TERMIN	IAL DISEA	SE CON	DITION GIV	EN IN PAI	RT 1(a)		AUTOPSY PRMED?
18E HOW INJURY OCCU	JRRED.	Enter not	ture of it	njury in Po	ort I or Po	rt II of i	tem 18.)				
URY OCCURRED 204 Not while of work				me, form, ldg., etc.)	20f. (Cit	y ar tow	n)	(	(County)		(State)
from May 1 59, and that de	9 eath o		_		_						deceased
cluster	M.I	SPF	RING	CROV		TATE	ty or town,	stote) SPITA	L	5-20-	SS SIGNED
M. D.		Cat	tons	ville	28,	Mar	yland	l			
22c, NAME OF CEMETER	RY OR C	REMATO	RY	2	22d. LOCA	TION (C	ity town,	or county)		(State	e)

PLACE OF DEATH

NAME OF DECEASED

5 SEX female

(Type or print)

13 FATHER'S NAME

unlmown

CERTIFICATION

WEDICAL

Baltimore

d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION

white

during most of working life, even if retired)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

housewife

William Schleet

Conditions, if any, which

gove rise to immediate

couse (o), stoting the underlying couse lost.

20c. TIME OF INJURY Month,

p. m.

Hour o. m.

alive on

ACTUAL

PHYSICIAN'S

NAME (Type)

MOVAL (Specify)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

STATE

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

DUE TO

DUE TO

Day, Year

21. I certify that I attended the deceased from

Stella Wachsler,

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

First

Agnes

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED [

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give neorest town)

Catonsville

VS A15 (4) ISM 10/57

	CHOMES-				
an to self		MEASURO III			
			institut.		
		171 . 18 . 7 . 17 . 17 . 17 . 17 . 17 .			
				0	
			E.F. Commercial		
Will Co					
mineral file					
Marine Town Street Street	2 x 1+v 11+1				

FOR STATE HEALTH DEPT.

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05271

1. PLACE OF DI		ro	0. *	2. USUAL RESIDENCE (V	Vhere decease			efore admission)
	Baltimore	52.	MARYLAND	o. STATE New	York	b. COUNT	Huntin	gton
b. CITY OR T and give no	OWN (If outside corporate limits, w	rrite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	orole limits, write	RURAL and give	nearest town)
	Chase			Long 1	faland	6	9 x - 3	
d. NAME OF	HOSPITAL OR INSTITUTION	(If not in hosp	pital, give street address)	d. STREET ADDRESS	DIGUM	-		e. IS RESIDENCE
	Rural			35 Glen	Way		19	YES NO
3. NAME OF DECEASED		First	Middle	Last	4. DATE OF	Month	Doy	Yeor
(Type or prin	() ROBERT		ANDREW	JACKSON	DEATH	May	1:	2 1959
5. SEX	6. COLOR OR RAC	E 7. MARRIE	D K NEVER MARRIED 8	DATE OF BIRTH	5	9. AGE (In years lost birthday)	IF UNDER TYEAR	
M	W	WIDOWED	DIVORCED   M	lay 23, 192	6	32 yrs.	Months Days	Hours Min.
10a. USUAL OC	CUPATION (Give kind of world working life, even if retired	k done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign co	unity)	12. CITIZEN C	F WHAT COUNTRY
Person			glow & Sanfo	ordwaterbur	v Co	nnicut	USA	
13. FATHER'S N		1 00	grow & parit	14. MOTHER'S MAIDEN N	Marie A	111111000	ODA	
An	drew J. Jacl	legon		Alma 1		iniae		
	ASED EVER IN U. S. ARMED F	kson	SOCIAL SECURITY NO. 17.	FORMANT	. T 021110			
Yes, ne, or unknow	n] [If yes, give war or dates				T 1	Address		
Yes	W.W. 11			rs.Medelise	e Jack	cson-	same	
18. CAUSE	OF DEATH [Enler only one c	couse per line f	for (o), (b), and (c).]				INTE	ERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY:	(a) Mi	ultiple extre	ne injuries				AT MILE BERNIT
861			TOT PIO SAVIG	ie Tillar Top	7 7 7 7 7 7			
							Marie II	
	o immediate couse	(b)						
	g the underlying DUE To	0					100000	
couse lost		(c)						
PART	II, OTHER SIGNIFICANT CO	NOITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3								YES NO
20g. EXTERI PRIMARY E CAUSE OF	NAL CAUSE WAS OF CONTRIBUTING	20b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Par	I or Part II o	of Item 18.)		
	DEATH.	Air	rplane crash					
20c. TIME O	OF INJURY Month, Doy, Y		NJURY OCCURRED   20e. PLAC	E OF INJURY (Home, form	20f. (City	or fown)	(County)	(Stote)
Hour	20X0C - /3 - 1	While	Not while factor	ry, street, office bldg., etc.	)			
				c over farm		nase	Balto	Md.
21. I cer	tify that I taak charg	ge at the re	emains described aba	ve, held an Autops	y xi, Ins	spection [],	Inquiry _	, and in my
opinion e	death resulted from:	Natural c	auses , Accident	K, Suicide , I	Homicide	, Undete	rmined mann	er 🗌
	ma							
ACTUAL	. 1117	7011	22	M.D. CHIEF MEDICAL EX	AMINER [		1	DATE SIGNED
SIGNATOR				ASSISTANT MEDICA	AL EXAMINER	П	17	1
NAME (Typ		m. M.D.		DEPUTY MEDICAL I			AlixI	59
	REMATION, 22b. DATE THER		22c. NAME OF CEMETERY OR			ON (City, town, a	v county)	(State)
REMOVAL	(Specify)			707 11070				(State)
Burla	L May 16. RECTOR'S SIGNATURE	1959	New St. Josep	the state of the s			onn.	
		_			D BY REGISTR		TRAR'S SIGNATU	
H. Sa	nder & Sons	, Inc.	Baltimore	, Ma. DATE MA	Y 1 5 '59	9 an	Thur S. The	ul

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the execute the execute the string the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune firetion. Page 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retainly for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State about at Health, or its designated agent, prior to buriot, cremation, or removal, and in any event your 2 hours after death. execute the 4 should b VS. A15ME 5M 2/57

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#### FOR STATE HEALTH DEPT.

necessary, please ector. Page your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the miscone, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral med 4 should be and any deficiency of the form of the control of t

VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.05272

									-		
1. PLACE OF DEATH Ba	ltimore	5.	295 MARY		o. STATE	Md.	deceased live	b. COUNT			imore
b. CITY OR TOWN (If our ond give nearest fewn)	tide corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	ESSE		limits, write	RURAL on	d give ne	arest town)
d. NAME OF HOSPITAL	or institution (III 543 Welb			s)	d. STREET ADD	.1	Welbr	ook :	Rd.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	THERES		NISH .	STAN	ishlow	4. D		Mont		Day 16	Yeor 1955
5. SEX	S. COLOR OR RACE	7. MARRIED	NEVER MARRIED  DIVORCED		TE OF BIRTH /22/18	95	9. AG	E (In years birthday)  3 yrs.	Months	-	IF UNDER 24 FIRS. Hours Min.
10a. USUAL OCCUPATION during most of working to housew	life, even if retired)		nd of Business or		Germ	any				S.A	WHAT COUNTRY
13. FATHER'S NAME	Unknown			14	, MOTHER'S MA	uden name Unkno					
15. WAS DECEASED EVER (Yes, no. or unknown) (If	IN U. S. ARMED FOR yes, give war or dates at a		OCIAL SECURITY NO.	Mar	mant garet	Silva	no, d	Address ght,	abor	ve	
Canditions, if any, gave rise to immedia (a), stating the uncause lost.	derlying DUE TO	_(0	Ron any			usio					and death
PART II, OTHER  20g. EXTERNAL CAUSE PRIMARY   or CONTI CAUSE OF DEATH.			HOW INJURY OCCUR						VEN IN PAI		PERFORMED?
		, DESCRIBE	11011 1113011 00001	neo. (eme	noite or injury	, 111 1011 101	roll if of the	11 10.3			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While	Not while of work	e. PLACE ( factory,	OF INJURY (Hom street, office blo	ne, form, 20 dg., etc.)	of. (City or to	wn)	(Co	unty)	(State)
21. I certify that opinion death re	)		emoins described puses (A). Accid	dent [],	Suicide [	_	icide [],	Undete	, Inqui	ry 🗐. monnei	ond in my  DATE SIGNED
EXAMINER'S S	Ack (	e Co	llins			MEDICAL EXAM				5-1	18-59
220. BURIAL CREMATION. REMOVAL (Specify) Burial	5/19/59	F	Holy Red			22d.	Balti				(State)
23. FUNERAL DIRECTOR'S Schimune 2601 - 3 - 5	k Funera	l Hon	me, Inc.			o. REC'D BY	REGISTRAR 9 159	1	STRAR'S SIL		

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	Car Expuniment		
THE STATE OF THE S	100mm 2056	Promitive of the party	
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		The State of the Land of	
Philippin Lett. Ed.		A TAMES A SECOND	
	Defect Day		
	The second second		
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6			
		The second of police [47]	
		Lack College (24) Calver	
	All and the second		
		STATE SAME	
English (State of Sec.		100 S T 100 W	
		Congress of State of the Congress of the Congr	





#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. EALTH DEPT. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY files. Health, Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) and give negrest lown ctor. 30 Chase New York d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rural deloy is refuneral YES NO 29 East 64th Street 3. NAME OF DATE First Middle Month Day Yeor (Type or print) DEATH 1959 JACK TEUCK May 72 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. fast birthday! Sept. 27, Months Days Hours Min. WIDOWED DO DIVORCED [ 50 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and Wisconsin Chemical Vice President Give Poges h form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Frank J. Jeuck File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) IVes no er unknown) Battle Creek, Mich. amy Shaw Funeral Home no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple extreme **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION used PERFORMED? NO [ 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Airplane crash 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour XXXXXXX While Not while of work of work Air over farm Chase Ralto. p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy XI. Inspection . Inquiry . and in my CTOR: apinion death resulted fram: Natural causes Accident M. Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) M.B. Davis, M.D. 220. BURIAL CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) 40 REMOVAL (Specify) Battle Creek Removal Creek. Mich. MODRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE

Months

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

2 quar

PERFORMED? YES NO T

(Stote)

(Stole)

ON A FARM? YES NO NO

195

TO SEATH HIT ASIG	TO HIADITI		
	j.	*	version in a second
		Post Louis	
	TEST CALL		
New test as least to the life at the self-			
			A CONTRACTOR OF THE STREET
		a new day	
THE LOCAL PORTS			
Zina hapira ta		. T. real com	

M.		LACE OF DEAT	н				2	USUAL RESIDEN	ICE (Where	e decease	ed lived. If i		esidence be		ssion)
XX	a	. COUNTY	Baltimo	re	5	298 MA	RYLAND		Maryl	Section 1	b. CO				V
	Ь	. CITY OR TOW and give necres	N (If outside corpora town)	ate limits, write RU	RAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOV				write RURAL	and give r	earest to	wn)
	4	NAME OF HO	TOTAL OD INTER	ITUTION! #5	- 1 - L 1	tol, give street add		d. STREET ADDR	Balti	more				VOI	ESIDENCE
050		. IVAME OF TIC	Fort Ho		100000		ress)			N. M	onroe	Stree	t	ON	A FARM?
	-5	NAME OF DECEASED		First	F 35	Middle		Lost	4. 5	DATE	1	Aonth	Day		ear
1	5. S	Type or print)	A COLOR	CP PACE 7		□ NEVER MARR	UED [7] 0 DA	JOHNSON		DEATH	9. AGE (In ye	May	30 DER TYEAR		9 59
	J. J	Male		ored w				ugust 1	2, 19		last birthday)	yrs. Month		Hours	Min.
1	10a. d	USUAL OCCUP uring most of w	ATION (Give kind orking life, even	d of work done if retired)	• 10b. KIN	OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE	(State or fo	oreign co	ountry)	12.	CITIZEN O	F WHAT	COUNTRY?
	13.	FATHER'S NAM	1	Oa.	0	,	14.	MOTHER'S MAIL	DEN NAMI	E	,				
1			sel	704	anc	ron		Clar	bie	Q	arri	•			
	15. {Yes.	no, or unknown;	lit yes, give wa	or dates of secon	16. 50	CIAL SECURITY N	O. 17. INFO	RMANT ()		1		dress /	"7// 0		11
		yes	IW	VYON		4.5 (4.5 )	/	my	me.	2-	. ///	8 N.			
						(o), (b), ond (c).]							ONS	RVAL BETWE	TH
		PART I.	DEATH WAS CAU	JOED DIE	Marc	maren much	Lamerla	homomal	0000	22.2	mla to my	-2			1
		999	IMMEDIATE	CAUSE (o)	Mas	sive sub			<u> </u>	ri	ght ar	d			,
		983	IMMEDIATE	DUE TO	Mas			contus	<u> </u>	ri	ght ar	d			
		983 Conditions, i	f ony, which	DUE TO  (b)	Mas				<u> </u>	ri	ght ar	d			,
		983 Conditions, i	f ony, which	DUE TO	Mas				<u> </u>	ri	ght ar	ıd			,
2	TION	Conditions, is gove rise to in (o), storing the course lost.	f ony, which mediote couse the underlying	DUE TO (b) DUE TO (c)			rebral	contus	ions					PERFO	RMED?
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	L CERTIFI	Conditions, is gove rise to in (o), stoting the couse lost.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA	f ony, which amediate couse the underlying OTHER SIGNIFIC CAUSE WAS CONTRIBUTING TH.	CAUSE (e) DUE TO  DUE TO  (c) CANT CONDITION  20b. D	ONS CON DESCRIBE H Struc 20d. IN. While	TRIBUTING TO DEA	ATH BUT NOT  URRED. (Enter  ad dur:  200. PLACE C foctory,	RELATED TO THE	TERMINAL in Port I or ercat	DISEASE Port II c	CONDITION of item 18.)	GIVEN IN		PERFO YES T	RMED?
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	MEDICAL CERTIFI	Conditions, is gove rise to in (o), stoting the couse lost.  PART II.  20a. EXTERNAL PRIMARY II.  20c. TIME OF DEA  20c. TIME OF III.	f ony, which mediate couse the underlying OTHER SIGNIFIC CAUSE WAS CONTRIBUTING TH.	DUE TO  (b)  DUE TO  (c)  ANT CONDITION  D, Day, Year  1, Day en Charge of	ONS CON DESCRIBE H Struc 20d. INI While of work f the re	TRIBUTING TO DEA	ATH BUT NOT  URRED. (Enter  ad dur:  20e. PLACE C foctory, St: ed above,	RELATED TO THE  noture of injury is  ing alto  FINJURY (Home street, office bidg reet  held an Au	TERMINAL in Port I or ercat , form, 2	Port II con of. (City Ba:	CONDITION of item 18.)	GIVEN IN	(County)	PERFO YES T	RMED? NO [
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2	MEDICAL CERTIFI	Conditions, i gove rise to in (o), stoting to couse lost.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA  20c. TIME OF II Hour pp.  21. I certific death resultable action of the could be action of the could be compared to the could be compared	ory, which mediate couse the underlying of the u	DUE TO  (b)  DUE TO  (c)  ANT CONDITION  DO CHARGE OF CH	ONS CON  DESCRIBE H  Struc  20d. IN: While of work  f the recuses  Guer	TRIBUTING TO DEA  NOW INJURY OCC  THE NOT WHITE  THE NOT WHITE  THE NOT WHITE  ACCIDENT  ACCIDENT  M.D.	ATH BUT NOT  URRED. (Enter  ad dur:  200. PLACE of foctory, foctory, St: ed above, , Suicide	RELATED TO THE  noture of injury is  ing alto ing alto ing ing alto ing alt	TERMINAL in Port I or ercat , form, 2 , etc.) 2 itopsy 5 icide A	DISEASE Port II c ion Of. (City Ba: In: I, Un NER [] KAMINER AINER []	condition of item 18.) or town) 1timor spection determine	GIVEN IN	(County)	M., and f	(Stote) aryla find that

OSCILLON FRIENDS  B

funeral director, old be filed with

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		MAKYLA				TE OF DEAT		TIMORE, 1	8		05	275
			04	, gg cekili		TE OF DEAT	11		Reg. D	ist. No	).	
	a. COUNTY BE	ltimore		MARYLA	ND	o. STATE Mary		ed lived. If institution b. COUNTY	-		ore admiss	ion)
	b. CITY OR TOWN (If RURAL and give neo	outside corporate limits, v	vrite	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I	f outside corp	orote limits, write R	URAL one	give ne	arest town	1
	Catons	4 5 6		25 days		Baltime	ore	3 V	01	- 4		
S	d. NAME OF HOSPITA OR INSTITUTION PRING GROV	L (If not in hospital, give  /E STATE H	ostreet o	ddress)		d. STREET ADDRESS 3621 Dudle		າາາຄ				FARM?
-	NAME OF	First		Middle		Lost	4. DATE	Mon	th	De		Year
	DECEASED (Type or print)	Howar	d	M.		Jones	OF DEATH		1		,	19 59
S.	SEX	6. COLOR OR RACE 7.	MARRIE		ПВ	DATE OF BIRTH		9. AGE (In years			IF UND	
	male	white w	DOWED	DIVORCED [		April 29,	-	78 yrs.	Months	Days	Hours	Min.
100	during most of working	(Give kind of work done ig life, even if retired)	10b. K					country)	12. C		OF WHAT	
1	Seaman (	Chief Engin	eer	Bull 1	lne					U.	S. A.	
	Robert J	00.00				14. MOTHER'S MAIDEN						
16		IN U. S. ARMED FORCES	0 1 1 2	2011 25012	779 164	Maggie	3					
(Y		yes, give wor or dates of service		Unknown	7.5	ords: SPRI	NG GI	Addi ROVE STA		HOSP	ITAL	
	PART I. DEATI	mediote (	Pul	monary ede		and shock	colon			ON	SET AND	DEATH
CERTIFICATION			lize	d arterios	clei	osis - Seni	lity		'EN IN PA	RT 1(0)	PERFO	AUTOPSY PRMED?
	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	. DESCR	RIBE HOW INJURY OCC	URRED	(Enter noture of injury i	n Port I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJ While of work	Not while	PLA fact	CE OF INJURY (Home, for ory, street, office bldg., e	rm, 20f. (Cit	y or town)		(County)		(Stote
	21. I certify tha	t I ottended the de	ceased	from Api	ril	27, 19, 59, to	May ]	6, 19 59	2,that I	lost s	aw the	deceos
		y 16	19_5	9, and that de	eoth	occurred o4:10	P_M, fra	m the causes o	nd an	the do	te stote	ed obo
		1 22 . 4	1,70	clester			ADDRESS (S	Street, city or town,	stote)		DA	ATE SIGN
	ACTUAL SIGNATURE	vella i	04	cunic	N	D. SPRING	GROVE	STATE	HOST	PITAL	5-	18-5
	PHYSICIAN'S NAME (Type)	tella Wachs	ler,	M. D.		Catonsy	rille 2	8. Maryla	nd			
220	BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREOF 5-20-59		22c. NAME OF CEMETE Oak Lawn		CREMATORY	22d. LOCA	TION (City, town, o	or county)		(Stote	e)
	FUNERAL DIRECTOR'S			ADDRESS		240 PF	C'D BY BEGIS	TRAR 24b REGIS	TPAP'S S	IGNATU	DF.	

MAY 2 0 '59

DATE

Orthur S. Kraus

William Cook, Inc., 1207 St. Paul Street

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 **OR**: After this certificate has been signed by the ottending physicion and completely filled in by etached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 ... a burial, crematian, or remavol, and in any event within 72 hours ofter death. page 3 should be detached for use as the burial-transit permit. the registrar prior to burial, crematian, or remaval, and in any TO HOSPITAL OR TO FUNERAL DI poge 3 should b VS A1S (4) 1SM 10/S7

AND THE RESTAURANT OF THE PARTY OF THE PARTY

# FOR STATE HEALTH DEPT 前 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the controls, writing the ward "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be controlled to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

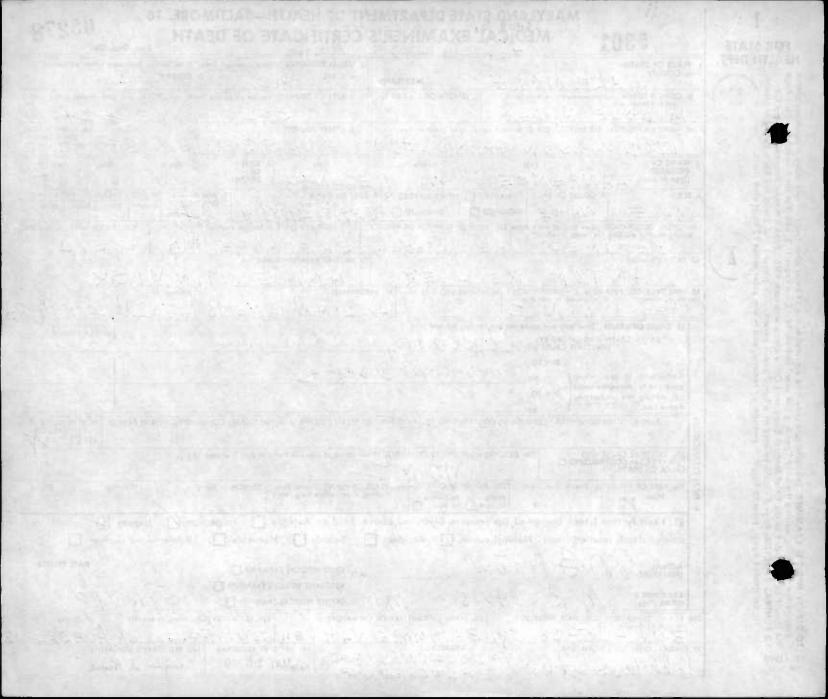
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05277

									Reg. Di	st. No.	
1		CACE OF DEATH COUNTY Baltimore 5	300	MARYLAN		. USUAL RESIDENCE (V		b. COUNT	Υ	timo	
/	b	. CITY OR TOWN Itt autside corporate limits, write RL	URAL C. LEN	IGTH OF STAY IN 1	b	c. CITY OR TOWN (III		porole limits, write			
		Sparrows Point				53 Dundalk		altimore	22		
	d	Bethlehem Steel D		ve street address)		3003 Dung	low Ro	ad			ON A FARM?
	3. 1	NAME OF First	A	Middle	_11_	Lost	4. DATE	Mont		Doy	Year
		Type or print) Clvde	M		Colle	reuth	OF DEATH	2.5		2	1959
	5. 5	O'Ly de		VEVER MARRIED				9. AGE (In years	IF UNDER	YEAR I	F UNDER 24 HR
			VIDOWED [	DIVORCED [		3-26-06		53 yrs.			lours Min.
	10a	USUAL OCCUPATION (Give kind of work don uring most of working life, even if retired)	ne 10b. KIND OF	BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF	WHAT COUNTR
		Pharmacy	Pha	rmacists		West Vi	rgina	a	T	JSA	
	13.	FATHER'S NAME			14	. MOTHER'S MAIDEN					
1		Paul L.Kalkreut	h			Lula Ro	se				
1		WAS DECEASED EVER IN U. S. ARMED FORCE	treal		. INFO	RMANT		Address			
/	no		213-0	07-6211	Min	nnie Kalk	reuth	san	e as	#2	
		18. CAUSE OF DEATH [Enter only one couse	per line for (o), (	(b), ond (c).]		10		,		INTERVA	AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	COK	ONARY		Oech.	US10	N		-	
		420.1 DUE TO									
		Conditions, if ony, which) (b)									
		gove rise to immediate cause (a), stating the underlying DUE TO									
		cause lost. (c)									
	S	PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBU	TING TO DEATH BU	TON TU	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOPSY
)	CATI						\				PERFORMEDS
	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOV/	NJURY OCCURRED	(Enter	noture of injury in Par	t I or Port I)	of item 18.)	- 9		1
		20c. TIME OF INJURY Month, Day, Year	20d. INJURY	OCCUPRED 200	PLACE	OF INJURY (Hame, form	1206 (City	as town)	(Cov	mt.d	letat-1
	MEDICAL	Hour o. m. 19	While h		octory,	street, office bldgetc.	201. (CII)	or rown,	(000	шуј	(Stole)
		21. I certify that I taak charge a	of the remain	s described a	bave,	held an Autaps	y 🔲 , lı	nspection [9]	Inquir	1 1	and in my
		apinian death resulted fram: Na	itural couses	Acciden	ı 🔲,	Suicide	Homicide	, Undete	rmined n	anner	
		ACTUAL SIGNATURE	arr	2'	M	LD. CHIEF MEDICAL EX	AMINER			1	DATE SIGNED
2		EXAMINER'S M.B.7	)AVI	s m.7	)	ASSISTANT MEDICAL		_	5	/3/	59.
	220	BURIAL CREMATION, 226. DATE THEREOF	22c. NA	ME OF CEMETERY	OR CRE			TION (City, town,	or county)		(Slate)
	I	REMOVAL (Specify) 5/6/59	Oal	Lawn (	am	eterv	_	ltimore		Mar	
		HUNERAL DIRECTOR'S SIGNATURE		DIESS	VALL!		D BY REGIST		STRAR'S SIG		James
		Watter Brokes 124	adlust	he Dunde	1 le	22 DATE M	AY 7 "	59 a	thun &	4	
	-	The second of the second secon	quy,	- Luinue	A of Ph	56			10.	LUMBA	

	ST 200ALECAS BLAIN			
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and the state of			0057	
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			Total Local	
			Assemil, religion	
	all and should be some	SAS DOWN		
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		plack Min-1		
				A SARE
	© thereto is not up			
bnaltyako		segonal real of		1 laws

ARTMENT OF HEALTH-BALTIMORE, 18 5301 Reg. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY files. Health, MARYLAND b. CITY OR TOWN (It autside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF Middle DECEASED DEATH 19 59 (Type or print) WRENCE May 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED Months Days 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page ! during most of working life, even if retired) poges 13. FATHER'S NAME 14. MOTHER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED ZUO. PLACE OF INJURY (Home, form, i 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stole) factory, street, office bldg., etc.) While Not while o. m. at work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection , and in my Suicide . Homicide . Undetermined monner opinion death resulted from: Natural causes . Accident ... DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER MD SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, REMOVAL (Specify 40 23. EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME DATEMAY 2 5 159 Cirling & Thouse 5M 2/57



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after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05279

	<u> </u>	UZ	CERTIF	ICA	TIE OF DE	AIN			Reg. Di	st. No.		
1, PLACE OF DEATH o. COUNTY B	altimore		MARYL	AND	2. USUAL RESIDER	NCE (Who		b. COUNT		ice befor	re odmiss	ion)
b. CITY OR TOWN (If RURAL and give nee	outside carporate limi	ts, write	c. LENGTH OF STAY IN	1 1b				rate limits, write	RURAL and	give neo	rest town	1)
Catonsvil			3 days		Baltin	no re			3 VO 1	- 1/-		V
d. NAME OF HOSPITA OR INSTITUTION SPRING GRO	VE STATE		oddress)		d. STREET ADE		t. Lom	bard St	reet.			FARM?
3. NAME OF	Fi		Middle		Last	3 ., 0			anth	Do		Yeor
DECEASED (Type or print)	Joh		Hessie	K	ennard		4. DATE OF DEATH			5	,	159
5. SEX			RIED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In year	IF UNDER	-		ER 24 HRS.
male	white		ED 7 DIVORCED		<b>Unikinowi</b>	3/6	193	lost birthday	Months	Doys	Hours	Min.
unknown	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	Mar	rylan	d (Ch		12. CII			COUNTR
3. FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME	7705				
Unknow					Unkr	nown						
15. WAS DECEASED EVER (Yes. no. or unknown)	IN U. S. ARMED FOR	ervice	SOCIAL SECURITY NO.	_	IFORMANT			Ac	Idress			
yes	W. W. I	J	Inknown	Re	cordse S	SPRIN	IG GRO	VE STAT	E HOS	PITA	IL_	
		iuse per li	ne for (a), (b), and (c).]								RVAL BE	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6	) A	rterioscler	oti	c cardiov	ascu	lar d	is ease				507111
1422.1	DUE TO											40
Canditians, if an		,	ene ralizd'a	rte	riosclero	sis						
gove rise to in cause (o), stating t	mediate Dus To		The second second									
lying cause last.	(0	)				104	ETT					
PART II. OTH  PART II. OTH  200. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY /	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H 8UT	NOT RELATED TO T	HE TERMIT	NAL DISEASI	E CONDITION O	IVEN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED? NO 🔀
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OC	CURRED	. (Enter nature of i	njury in P	art I ar Part	t II of item 18.)		val		
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	or 20d. II While at war	Nat while	0e. PLA foci	CE OF INJURY (Ho lory, street, office b	me, farm, oldg., etc.)	20f. (City	or town)	(	County)		(State)
21. I certify the	at I attended the	deceas	ed from May	18	1959	ta N	low ?	15 195	9 that I	last so	w the	decease
alive an M	ou 25	, 19.5	9 and that o	leath	accurred at &	30 A	M. fran	the causes	and an t	he da	te state	ed abay
C			1 .					reet, city or tow		ne da		ATE SIGNE
ACTUAL SIGNATURE	tella 4	lae	lesler	^	SPRIN	NG C	ROVE	STATE	HOSPI	TAL	5-	25-59
	Stella Wac		r, M. D.		Cato	nsvi	lle 28	, Maryl	and			
220. BURIAL, CREMATION REMOVAL (Specify)	1, 236) DATE THEREC	\$959	22c. NAME OF CEMET	ERY OF	CREMATORY	Cem!	22d. LOCAT	ION (City, town	, or county)		(Stote	e}
Burial		959	Baltimore		· /	em.	Bal	timore		Mar	ylar	nd
23. FUNERAL DIRECTOR'S	SIGNATURE 4600	Lib	rty Height	s A	ve.	40. REC'D	BY REGIST	RAR 246. REG	SISTRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05280

	Keg, Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Middle River	54 Middle River
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Glenn L. Martin Co. Eastern Ave.	20 Left Aileron St. Aero Acres YES NOT
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year
(Type or print) George B.	King DEATH May 20, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE  In years   IF UNDER 1YEAR   IF UNDER 24 HRS   In years   IF UNDER 24 HRS   IF
Male White WIDOWED DIVORCED	Dec. 9, 1923   35 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
Painter Aircraft	Baltimore, Md, USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin G. King	Pauline McCauley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown]   [If yes, give wor or dates of service]	INFORMANT Address
Yes W.W. 2 220-12-9642 Mx	rs. Jeanette H. King 20 Left Aileron St. 20
18. CAUSE OF DEATH [Enter only one couse for line for (a), (b), and (ch)	A IN A CO A ONE ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	DOICHS OVER
916,3 DUE TO FORTING	B. Q
Conditions, if ony, which) (b) (V) //LC	1000
gave rise to immediate couse (a), stating the underlying DUE TO	
couse fost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
15	YES NO T
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY DO'T CONTRIBUTING D  CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of Hem 18)
	ACE OF INJURY (Homertorm, 20f. (City of toun) (County) (State)
20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED The Plant of While of work of work	comproduction of Mid dhe River But m
21. I certify that I taok charge af the remains described ab	ove, held an Autapsy 🔲, Inspection 🔃 Inquiry 🔲 and in my
opinion death resulted fram: Natural causes, Accident	Suicide , Homicide , Undetermined manner
mBora 15-	DATE SIGNED
SIGNATURE 1110000	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S M B DAGE MI	ASSISTANT MEDICAL EXAMINER
NAME (Type)	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, REMOVAL (Specify) 27b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial   May 23, 1959   Belair Memor	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Ensolve Thomas Gome 1401 Belau	Ref. DATE MAY 22 '59 arthur S. Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the criffcote, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be 1, and 3 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bos or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

3 Y. - HERE the second of the contract of the second anoth to make to

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necessory, please actor. Page your files. Board of Health, UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessive the content writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral actual be careful to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by remaining the used as a buriol-transit permit. File, pages 1 and 2 with the State Badra designated agent, prior to buriol, crematian, or remaval, and in any experiently 72 hours ofter death.

TO DEPUTY ME	execute the c	0	TO FUNERAL D	
VS.	A	15	ME	

5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5304 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

						Keg, Dist. P	10.
1. PLACE OF DEATH O. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceased live	b. COUNTY		pefore odmission)
b. CITY OR TOWN  If autside corporate limits, wand give nearest lown   Chase	rile RURAL C.	LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate	1		nearest town)
				kdale	(Oakda	ale) 6	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION  Rural	(If not in hospitol,	give street address)	d. STREET ADDRESS  Tdle Hour	Rlyd.			ON A FARM?
3, NAME OF	First	Middle	Lost	4. DATE	Month	Do	y Yeor
(Type or print) KEN	NISH	C	KINKADE	OF DEATH	May	12	30-4-
5. SEX 6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AC	SE  In years birthday	IF UNDER TYEA	The second little was a second little with the second little was a second little was a second little was a second little with the second little was a second little with the second little was a second little with the second little was a second li
M W	WIDOWED	DIVORCED 🔲	Dec, 24, 18		yrs.	Months Days	Hours Min.
Oa. USUAL OCCUPATION (Give kind of wor during most of working life, even if retired	k done 10b. KIND	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole	or foreign country	)	12. CITIZEN	OF WHAT COUNTRY?
Research	"   Shel:	l Oil Co	Grundy C	o., Miss	ouri	U.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
Robert Kink	cade		Minta N	eff			
15. WAS DECEASED EVER IN U. S. ARMED F	ORCES? 16. SOC	IAL SECURITY NO. 17.	INFORMANT		Address		
Yes, no, er unknown] [If yes, give war or dates	ot service]	F	laas Funeral	Home. B	ethan	y. Miss	ouri
gove rise to immediate cause (a), stating the underlying couse lost.	(c)	tiple extr			NDITION GIV	EN IN PART I(o)	PERFORMED?
PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.		Airplane					AE2QX NO
20c. TIME OF INJURY Month, Doy, 1 Hour 2006. 5/12	- While	Not while for	ACE OF INJURY (Home, form story, street, office bldg., etc rover farm	c.)		(County) Balto	(Stote)
21. I certify that I took charge opinion death resulted from:  ACTUAL SIGNATURE				Homicide .	frame.	, ,	
	vis, M.D.		DEPUTY MEDICAL			1	/5/
220. BURIAL, CREMATION. 226. DATE THER		NAME OF CEMETERY O	Cemetery	Brimso			(State)
23. FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217	7 C+ Day	ADDRESS		AAY 1 5 '59	24b. REGIS	TRAR'S SIGNAT	URE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No.4) HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission o. COUNTY b. COUNTY MARYLAND 1113 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle First Lost DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T 9. AGE (In years NEVER MARRIED IF UNDER TYEAR Months WIDOWED [7] DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dusing most of working life, even if retired) pages 1 o 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 120f. (City or town) Month, Doy, Year Mot while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry Suicide . opinion death resulted from: Notural causes ! !. Accident | Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) REMOVAL (Specify) 0 40 240. REC' BY REGISTRAR

VS. A15ME 5M 2/57

(County)

e. IS RESIDENCE ON A FARM? YES NO NO

Yeor

19

IF UNDER 24 HRS

Hours

ONSET AND DEATH

PERFORMED? NO IT

and in my

DATE SIGNED

Davs

CERTIFICATE OF DEATH	OCAL EXAMINERS	MM 15885	1000
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		or homelands	
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1 3 05 3	HUBLACOUT FOR		

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5183 Rea. Dist. No. director, 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore b. COUNTY Baltimare MARYLAND erai b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town by the d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Yehb Avenue 4ehb Avenue oug 2 4. DATE OF DEATH NAME OF Middle Last Month filled DECEASED (Type or print) Kroin 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely lost bigthdoy) Months DIVORCED [ WIDOWED male 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 41, BIRTHPLACE (Stote or foreign country) er death during most of working life, even if retired) American puo 13 FATHER'S NAME carl physician emave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 72 attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO þ permit. Conditions, if ony, which this certificate has been signed gove rise to immediate DUE TO couse (o), stoting the underlying couse last burial-transit attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY remayal, 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) the (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) use Hour o. m While Not while of work of work 21. I certify that I attended the deceased fram Ithat I last saw the deceased

and that death accurred at \_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

22d. LOCATION (City, town, or county) (Stote)

(County)

e. IS RESIDENCE

Dovs

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO Z

> > (Stote)

DATE SIGNED

ON A FARM?

YES NO NO

Year

19 59

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Durial

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

athedral

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Krous

TO FUNERAL E page VS A15 (4) 15M 9/5B

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the registrar

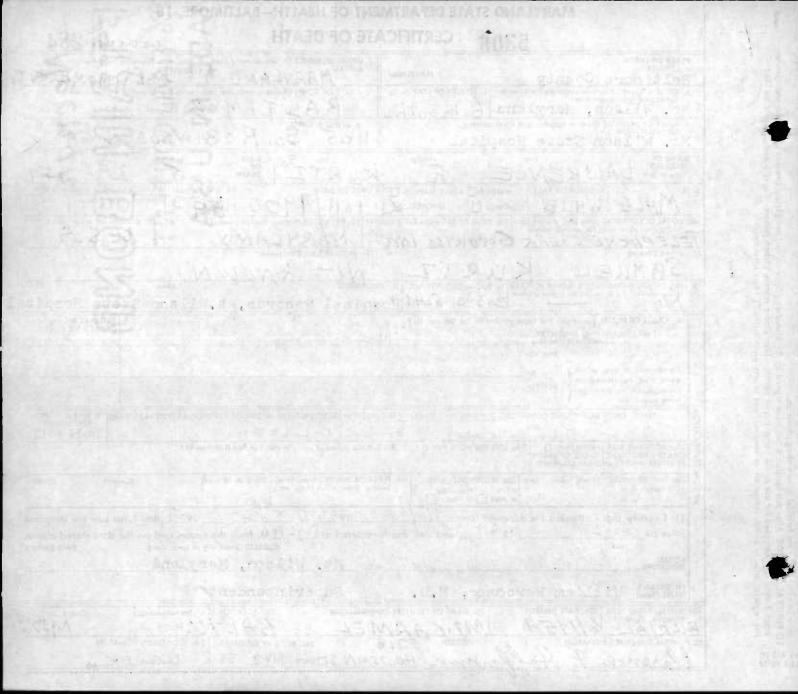
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certificate

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CERTIFICATE OF DEATH 5308 Reg. Dist. No. 5284 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Baltimore County death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Maryland Wilson, PIno 0 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Mt. Wilson State Hospital YES TO NO C NAME OF Middle DATE DECEASED (Type or print) LAWRENCE DEATH 19.5 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRT IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years ast birthday) Months Dovs DIVORCED WIDOWED [ 10o. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? IELEPHONE CLERK 13. FATHER'S NAME move : U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Hospital Records.Mt.Wilson State Hospital 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOFSY PERFORMED? NO [ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOWUNJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from 1957 that I lost saw the deceased and that death occurred at 8-52 AM, from the couses and on the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S William Newcomer, M.D. Superintendent NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Name, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) HUDSON ST. DATE JUN 2 arthur S. Krous 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



be retained by the hospital or attending physician.

NERAL D. OR: After this certificate has been signed by the attending physician and campletely filled in by a 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 she egistrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

Page the r	
VS A15 (4) 15M 10/57	0
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1.	PLACE OF DEATH  O. COUNTY  BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MARY		b. COUNTY	ace before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BALDWIN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		mits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS BALDWIN	MILL ROA	D	e. 15 RESIDENCE ON A FARM? YES NO [X]
3.	NAME OF DECEASED (Type or print) Lee First	Jackson	Kyle	4. DATE OF DEATH	May	Z 8 1959
5.	SEX 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH 9	1884 9. AG	GE (In years IF UNDER Months yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10.	a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) FARMER	OTHER FARMS	MARYLAI		12. CIT	USA
<b>J</b> 3.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
1	JAMES KYLE		ANNIE B	YRD		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
(1)	no. or unknown)  (If yes, give wor or dates of service)  NO  NONE	212-18-4448 M	RS. KATIE I.	KVLE	BALDWIN	
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Uremia				61.0
	4221 DUE TO	12	1.	C		
	Conditions, if ony, which (b)	rterio sul	erotic	CVI		
	gove rise to immediate couse (o), stoting the under					367
	lying couse lost. (c)					
No.	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CON	IDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED?
3	Myoused	12/ 10,50	- fficien	Line		YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Part I or Port II of	item 18.)	
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, I Hour o. m. 19 While p. m. 19	Not while foc	CE OF INJURY (Home, for tory, street, affice bldg., et	m, 20f. (City or too	wn) (C	County) (State)
	21. I certify that I attended the deceas	ed from Dec	. , 1958, to 1	カセフ	. 195 9.that I	last saw the deceased
	alive an May 24, 194	29, and that death	. 104	M: fram the		he date stated abave
	(1)			ADDRESS (Street, c		DATE SIGNED
	ACTUAL SIGNATURE William W.	1 you	M.D	Kings	ville N	12 5-28-59
	PHYSICIAN'S William A.	Tyson		/		
220	BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 5/31/59	FORK METHOD		22d. LOCATION (	City, tawn, or county)	(Stote) MARYLAND
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			24b. REGISTRAR'S SM	
		OWSON MARYLAND	DATE	D BY REGISTRAR	24b. REGISTRAR'S SK	Thank
					1	

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215 VIII	TRI OF DRATH	April 190 - Single		3
		1117- T- T	CONTRACTOR	
			The last of the la	

**CERTIFICATE OF DEATH** 

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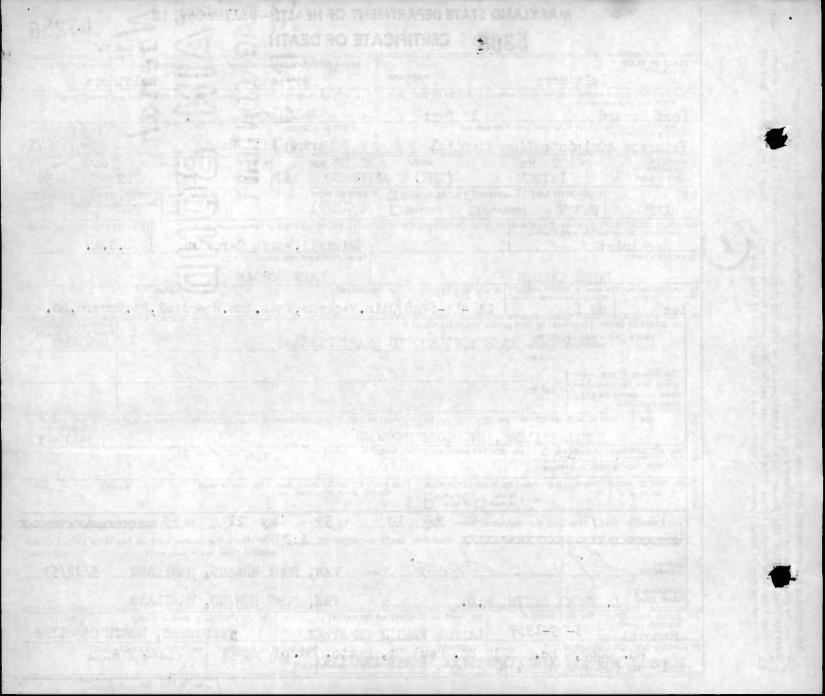
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Reg. Dist. No.

		COUNTY	Baltimore			MARYLAND	II a STAT	RESIDENCE (M		b. COUNTY				on)
	t	CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OI	F STAY IN 16	c. CITY	- a)		rate limits, write R				)
	F	Fort Howa			12 Day	79	X	Balti	more					
	•	d. NAME OF HOSP	ITAL (If not in haspital, g		address)	17.51		ET ADDRESS				-	e. IS RESI	DENCE FARM?
		Veterans .	Administrat	ion H	lospital		1 5	German	Hill R	oad				NO.
		NAME OF DECEASED Type or print)	LAST &		(NI	Middle	FIRST	DESC O	4. DATE OF DEATH	May	1th 22	Day		reor 9 59
1	5. S	FX			IED NEVER				-	9. AGE (In years	IF UNDER 1			
		MALE	WHITE	WIDOWE		VORCED [	4/14	/91		last birthday) 68 yrs.		Poys	Hours	Min.
1	10a.	USUAL OCCUPATI	ON (Give kind of work orking life, even if retired)	done 10b.	KIND OF BUSIN	NESS OR INC	OUSTRY 11. BIR	THPLACE (State	e or foreign co	ountry)	12. CITIZ	EN O	F WHAT	COUNTRY
Y		Machini					Min	fall No	orth Ca	roline	TT	S.A		
1	13.	FATHER'S NAME	311					IER'S MAIDEN		TOTTIME	l Oe	10 4 31		
			TARONG TARON	3.7							12 10			
-	16 1		JAMES LAYDE ER IN U. S. ARMED FOR		SOCIAL SECURI	TV 110 117	INFORMANT	MARY J	URDAN					
		no. or unknown	(If yes, give war or dates of se	ervice)						Add		39		
		Yes	WWI	2	218-18-6	5948 IC	lin.Rec	ords, Ve	ets.Adm	.Hospita	1,Ft.H	OWa	ird, M	d.
		18. CAUSE OF DE	ATH [Enter only one co	use per lin	e far (a), (b), a	nd (c).]							RVAL BET	
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ARTE	CRIOSCLE	EROTIC	HEART :	DISEASE	3			IJI	IKNOW	N
	и	4200	DUE TO									-		-
		Conditions, if												
		gave rise to	immediate (	)										
		couse (a), stoting												
	7	lying cause last.	, (c	)										
0	9	PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING	TO DEATH B	UT NOT RELATE	D TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19	PERFOI	
	3		RENAL FAIL	URE,	ETIOLO	GY UNK	NOWN							NOX
	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJ	URY OCCUR	RED. (Enter nati	re af injury in	Part I ar Part	Il of item 18.)			ki.	
	S	20c. TIME OF INJU	RY Month, Day, Yea	or 20d. IN	JURY OCCURR	ED 20e.	PLACE OF INJU	RY (Home, for	m, 20f. (City	or town)	ICo	unty)		(State)
	MEDICAL	Hour a.m.	19	While	Not while		factory, street,	office bldg., et	tc.)		(00	,		famel
	2	p. m.	.VA	at work	at work			-4 · -						
		21. I certify the	hat aftended the	decease	ed framM	ay 10		59, ta_ ]	May 22	19.55	, demon	ন • ব		හලගල
		disecco	000000000000000000000000000000000000000		OCOK, and	that dea	th occurred	at 1:25	5PM, fram	the causes o	and an the	dat	e state	d abave
			PA		1	1				reet, city or town,				TE SIGNE
		ACTUAL SIGNATURE	+11 mul	el "	Duis	The	MD W	AH FO	RT HOLL	RD. MARY	T.AND		1/22	/50
,			0 -		Julian			سدعت ولمنط	LAL IIVEE	MED'S - ABOUT	##9#1#		4.50.61	27
		PHYSICIAN'S NAME (Type)	BRUCE SMI	TH, 1	M.D.		у	AH, FO	RT HOWA	RD, MARY	LAND			
	22a.	BURIAL, CREMATIC		F	22c. NAME O	F CEMETERY	OR CREMATOR	Y Y	22d. LOCAT	ION (City, town,	or county)		(Stole	)
		REMOVAL (Specify	5-23-19	59	LAYDEN	FAMIL	Y CEMET	ERY	-	PERVEDDERS	ALL DESIGNATION	CH C	CARO	
	23. [	FUNERAL DIRECTOR	S SIGNATURE TO COOK THE TO COO	XXXXX	SPORESS	aul St	Babto	NA DATE	AY 2 5 5	RAR 24b. REGI	STRAR'S SIGN	MJUR	E	

may be retain TO FUNERAL

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Months Days

ON A FARM?

YES NO

Year

19

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

21

INTERVAL BETWEEN ONSET AND DEATH

mo

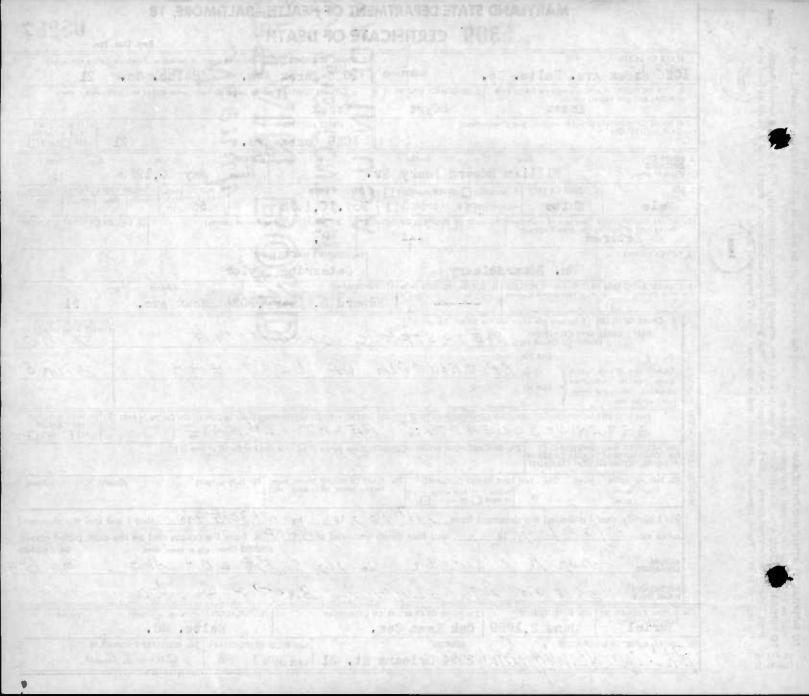
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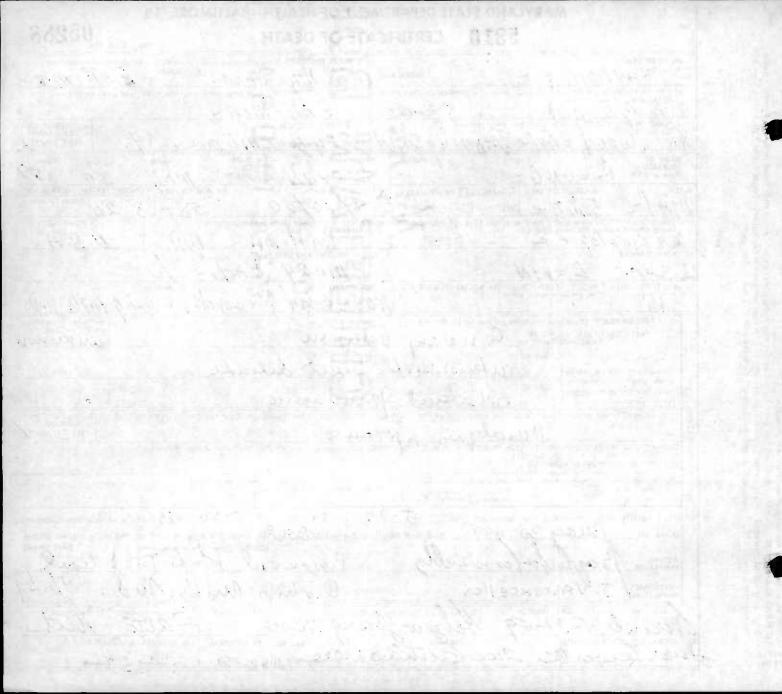
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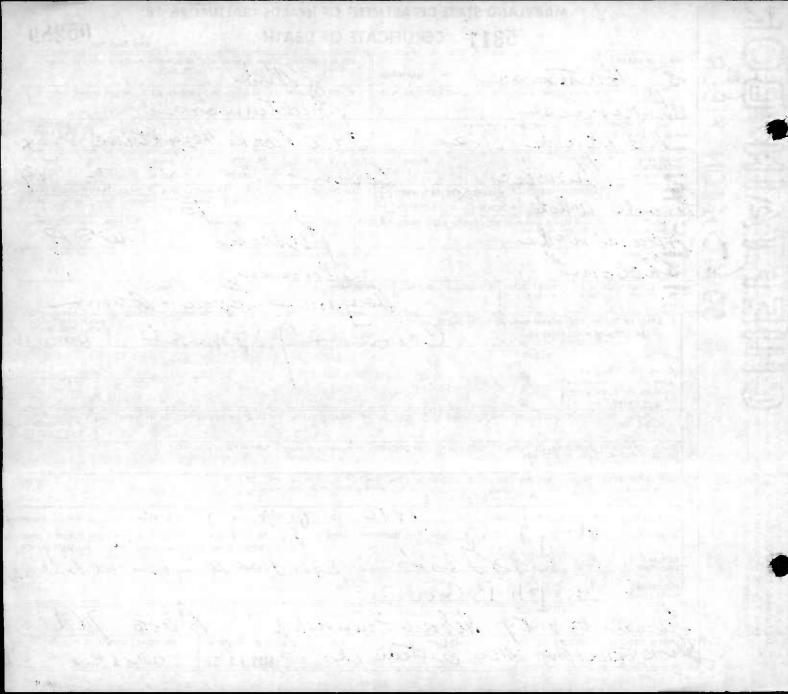
VS A15 (4) 15M 9/58

	5310 CERTIFICATE OF DEATH	leg. Dist. No. U5288
1	1. PLACE OF DEATH o. COUNTY o. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE  MARYLAND  b. COUNTY b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RUR, RURAL and give nearest town)  8 Mars. BAITIMER 4	AL and give nearest town)
12	ROSEWOOD STATE RANING School 824 W. BATT MER'S	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ( PORGE Middle Levin DEATH MAY	Day Year 30 1957
	MA/E White WIDOWED DIVORCED 9/10/00 IOST DIVIDION NO. NO.	Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Un employ = BA/fimbhe, mp.	12. CITIZEN OF WHAT COUNTRY
	ISAAC LEVIN MARY NAME MARY NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT ROSE WOOD RECORDS, OW	ing putts InD
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  COADMAND  OUTPO	INTERVAL BETWEEN ONSET AND DEATH
	conditions, if ony, which) (b) afferior clerchic heart dixease	
	gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c) By a Leval previous	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?  YES NO []
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIPE HOW INJURY OF CURRED. (Enter noture of injury in Port I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year Haur a. m. 19 While of work of two work 19 of work	(County) (State
	21. I certify that I attended the deceased from 5-29, 1959, ta 5-50, 1959 the alive an May 30, 1959, and that death accurred at 8-50 AM, from the causes and	at I last saw the decease on the date stated above
	ACTUAL SIGNATURE Bufferfor cowells M.D. Rodewood Forfe T	
1	PHYSICIAN'S J. VASCONCEllos Ownip Mills, 1	ud. Tosts
	220 MURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City Jun, or Chemotory Council Man)	to Ma
N.C.	tranto i the Dies Citato Mana	MAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Cirthur S. France

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# FOR STATE HEALTH DEPT.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05291

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Bal	timore	53	13 MARYE	AND	2. USUAL RESIDENCE ( o. STATE New		lived. If instituti		
and give nearest town	n)	RURAL	c. LENGTH OF STAY II	N 1b					
	_	f nat in hos	pital, give street address	)	d. STREET ADDRESS 215	Sheridar	n Avenue		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		www.com	Middle		LOGAN	4. DATE OF DEATH	Month May		
5. SEX Mache	6. COLOR OR RACE white						Amen to call the a		
during most of worki	ng life, even if retired)						ntry)		
13. FATHER'S NAME Will:	iam Logan						enhill		
15. WAS DECEASED EN (Yes. no. or unknown) Yes		(equipm				ta Logar	Address 1 AS	above	
Conditions, if a gove rise to imme (o), stoling the couse lost.	DUE TO DOINY, which diote couse underlying DUE TO (c)					AINAL DISEASE C	ONDITION GIVE		
	USE WAS DITRIBUTING 1	b. DESCRIBE				et t or Part II of	item 18.)		
21. I certify to opinion deoth	x 5/12 19 hot I took charge	of the r	erk of work of	obove	r, street, office bldg., etc ir over far e, held on Autop ], Suicide ],	m Che	ection [],	Inquiry [	Md.  J. ond in my
b. CITY OF TOWN of evidence reports being, write BURAL  CLENGTH OF STAY IN 1b  CLENGTH OF S	1/12/59 (Stole)								
-		kner		_ Ne	240. REC		R 24b. REGIST		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the chafticise, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, 1 and 2 with the State is a designated agent, prior to burial, cremotion, or removal, and in any fresh within 72 hours after death. VS. ATSME 5M 2/57

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## FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Dist. No. 05292

1. PLACE OF DEATH COUNTY Bal	Ltimore	53	14 MA	RYLAND	2. USUAL RESIDENCE (V		ed lived. If in		esidence be	fore odn	nissian)
b. CITY OR TOWN ( and give nearest tow		RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (III		porote limits, w	G9		nearest la	own)
d. NAME OF HOSPI	TAL OR INSTITUTION (II	nat in hosp	ital, give street add	ress)	d. STREET ADDRESS	st Gle	nwood D	r.		ON	RESIDENCE
3. NAME OF DECEASED (Type or print)	First ALB		Middle H		Loss MAGGS	4. DATE OF DEATH		onth lay	Doy 12		Yeor 1959
5. sex Male	6. COLOR OR RACE White	7. MARRIED			DATE OF BIRTH		9. AGE (In years less birthday) 61 y	Month	DER TYEAR Doys	IF UNI Hours	DER 24 HRS
during most of worki	ON (Give kind of work d ng life, even if retired) ng Engineer		S. Govit.		Massachu		ountry)	12.	CITIZEN O	F WHAT	TCOUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				-/7	
Mark H. Ma	ogs				Unknow	n					
15. WAS DECEASED ET (Yes. no. er unknown) Ves	VERTH U. S. ARMED FOR (If yee, give war or dates of a World War	ervico)	CIAL SECURITY N		Mrs. Hild	a Magg	1 -		nams, enwood		
Conditions, if gave rise to imme (a), sloting the couse lost.  PART II, OT	underlying DUE TO (c).		NTRIBUTING TO DE		OT RELATED TO THE TERM	INALDISEAS	E CONDITION	GIVEN IN	PART 1(o) 1		AUTOPSY ORMED?
PART II, OT	USE WAS 201	. DESCRIBE	HOW INJURY OCC	URRED. (Er	iter noture of injury in Par	1 I or Part II	of item 18.)			YES K	NO []
	·		Airpl	lane	crash						
Hour JOB		20d. IN	HJURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	20f. (City	or fown)		(County)		(Stole)
5:15 p. m.	5/12 19		k ot work		ir over farm		hase		Balto	0.	Md.
opinion death	hat I took charge respited from: N		-		Suicide ,	Hamicide	nspection [ 		d monne	er 🗌	nd in my
SIGNATURE CE	Charles	OlDox	noll	ef	ASSISTANT MEDIC	AL EXAMINE			45	1	1-0
220. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 226. DATE THEREO		Memorys	-		22d. LOCA	TION (City, tow Lonie, I	. 77	(y)	(510	7
23. EUNIPRAL DIRECTO	R'S SIGNATURE	14	ADDRESS -	Ca	eto 240. REC	D BY REGIST	759 24b. RE		SIGNATU		

TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours after death. If any delay is necessary, please execute the callificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral projector. Page 4 should be and to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State back of Health, at its designated agent, prior to burial, cremation, at removal, and it any went within 72 hours after death. VS. A15ME 5M 2/57

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## MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMOLE. A MEDICAL EXAMINER'S CERTIFICATE OF DEACH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No - X 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decrased lived. It institution: Residence before admission) o. COUNTY filed COUNTY MARYLAND b. CITY OR TOWN (If owned corporate limits, write RURAL and give goods form) 0 c. LENGTH OF STAY IN 16 c. CITY OP/IOWN (Mouthing corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION . ON A FARM YES NO NAME OF First Middle DATE Day Month Year DECEASED (Type on print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OF RACE 7. MARRIED 8. DIATE OF BIRTH NEVER MARRIED Months Days Min. WIDOWED I DIVORCED [ 10o. USOAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE/Listate or foreign country 12. CITIZEN OF WHAT COUNTRY? nulling ond 13. FATHER'S NAME MODHER'S MAIDEN NAME physician move 15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN ONSET AND OF PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate per DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTAGE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) Day, Year 20d. INJURY OCCURRED (County) (Stote) While Not while of wor certify that I attended the deceased from that I last saw the deceased and that death occurred at M. from the causes and an the date stated above. ADDRESS (Street, city or to state DATE SIGNED ACTUAL shauld PHYSICIAN'S NAME (Type) FUNER 3 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A1S (4) DATEMAY 2 8 '59 arthur & Krous

certificate

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		or Mireland 1	SVAVAGE	

VS A1S (4) 1SM 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15316 CERTIFICATE OF DEATH

Reg. Dist. No. 05294

	PLACE OF DEATH	timo re		MARY	LAND	2. USUAL RESID	Mary.	ere deceased live	ed. If institution b. COUNTY	on: Residence	before ad	mission)
	b. CITY OR TOWN (If a RURAL and give near	outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	OWN (If o	utside corporate	limits, write R	URAL and giv	e nearest	town)
	_ Catensvi]	le		23yr6mth3	dys	Balt:	imore		31	101-	4	
	d. NAME OF HOSPITAL OR INSTITUTION	L (If not in hospital, g	ive street (	oddress)		d. STREET A						RESIDENCE N A FARM?
	SPRING GRO	VE STATE	HOS	SPITAL		32 Nor	th Mor	ntford A	venue			S NO
	NAME OF DECEASED (Type or print)	Dora		Middle Philli	ps	Mani		4. DATE OF DEATH	Mon Ma:		Day 9	Year 19.5-9
	emale	6. COLOR OR RACE : White	MIGOWE	DIVORCE		Novemb			GE (In years) ost birthday) 83 yrs.		YEAR IF U	NDER 24 HRS. urs Min.
100	. USUAL OCCUPATION during most of working	(Give kind of work of	one 10b.	KIND OF BUSINESS O	RINDUS	TRY 11. BIRTHPL	ACE (State	or foreign count	γ)	12. CITIZI	EN OF W	HAT COUNTRY?
	housewif			at home	Э	Po	Land			Pak	exect 1	J.S.A.
13.	FATHER'S NAME				11	14. MOTHER'S		IAME				
	George	Phillips					Anna	?				
1S.	WAS DECEASED EVER	IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO	. 17. It	FORMANT			Addi	ess		
1	unknown		2.00	iknown	Rec	ords:	SPRING	GROVE	STAT	E HOS	PITAL	
	Conditions, if any gave rise to improve cause (a), stating the lying cause last.	mediate DUE TO	De	e hydratie Invtrition	in	umonie					14.	t t
CERTIFICATION	Generali	zed arte	1105	cle +0515	ch	LONIC	coli	tis Uti	nary L		90	AS AUTOPSY RFORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20ь. DESC	RIBE HOW INJURY OF	CCURRED	). (Enter nature of	injury in P	art i or Part II o	f item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	19	White of work	Not while of work	foc	CE OF INJURY () tory, street, office	bldg., etc.	)			onty)	(State)
	21. I certify that alive on Mac Actual SIGNATURE PHYSICIAN'S NAME (Type)	rus L	19.50	ed from Marc	death	accurred at.	4 A RING	_M, fram th	e causes a city or town,	nd an the state) HOSPIT	date st	he deceased ated above.  DATE SIGNED  19   5   9   5   9   5   9   5   9   5   9   5   9   5   9   9
220	BURIAL, CREMATION,	5/11/59		22c. NAME OF CEME HOLY ROD				22d. LOCATION Balti	(City, town, o	r county) Md.	(	Stote)
	harles E.		k Fu	ADDRESS uneral Ho	me		240. REC'E	BY REGISTRAR AY 1 2 '59	24b. REGIS	TRAR'S SIGN	ATURE	

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#### FOR STATE HEALTH DEF

5317

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05295

1.	COUNTY Bal	timore		MARYLA		STATE New	Where decease York	ed lived. If instit b. COUN	en.	dence be	fore admi	ssian)
b	o. CITY OR TOWN (If and give regrest fown)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	16 0	CITY OR TOWN (		orote limits, write	-		nearest la	wn)
	Cha	Se				LONG	TST.ANT	- Want	Sounday	69	x - 3	V
0			If not in hos	pitat, give street address)	(	S. STREET ADDRESS		C Lane	agn _			ESIDENCE A FARM?
	Rur	al				2015	Brook	and				NO [
- 1	NAME OF DECEASED (Type or print)	Fir <b>T</b> H	OMAS	Middle		MANN IX	4. DATE OF DEATH	Man Ma		12,		959
5. S	EX	6. COLOR OR RACE	7	D DONEVER MARRIED	8. DATE	E OF BIRTH		9. AGE  In years	IF UNDE	-	-	ER 24 HRS.
ľ	male	white	WIDOWED	DIVORCED [	Apr	. 6. 1922		(ast birthday) 37 yrs.	Months	Days	Hours	Min.
d	. USUAL OCCUPATION In a serving Manager	N (Give kind of work of life, even if retired)	done 10b. K	al Textile (	OUSTRY 1		e ar foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
_	FATHER'S NAME		1200}	on ton the	-	MOTHER'S MAIDEN	NAME					
1	Patrick Mar	nnix				Delia M	callen					
		R IN U. S. ARMED FO		SOCIAL SECURITY NO. 1	7. INFORM		02177011	Addres	1		N	v
1100	yes	World War			Wan	tagh-Abber	v Funer	al Home	- Wa	ntar		. Y .
CERTIFICATION	Conditions, if on gove rise to immed (e), stoling the u ceuse lost.  PART II, OTHI	ote cause DUE TO  (c)  ER SIGNIFICANT CON	DITIONS CO	ENTRIBUTING TO DEATH B	UT NOT RE	ELATED TO THE TERM			VEN IN PA	RT 1(a) 1	9. WAS / PERFO YES (X)	
	PRIMARY TO OF CONCAUSE OF DEATH.	IKIBUTING []		Airplane	cras	h		or nem 10.j				
MEDICAL	Hour 2000 5:15 p.m.	5/12 19	While	NJURY OCCURRED 20e.  Nat white  rk at work	factory, sti	INJURY (Home, formet, affice bldg., etc. over farm	c.)	chase		ounty) alto	e	(State) Md.
	21. I certify the	at I took charge	of the r	emains described o	bove, l	neld an Autop	sy 🗶 , In	spection 🗌	, Inqui	ry 🔲	, an	d in my
	ACTUAL SIGNATURE	Rules t	0	ornel	M.0	Suicide	_		ermined	manne	DATE S	IGNED
20.	NAME (Type)	Charles 0'				DEPUTY MEDICAL	EXAMINER [	7	-	5/1:	15	j
F	REMOVAL (Specify)	5/13/59	)	22c. NAME OF CEMETERY	OR CREM		Want		I., 1	Y. Y	(Side	)
23.	MM.	Ticken	14x	Lows - Dai	to.	7 DATE M	D BY REGISTE		istrar's si			

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TO DEPUTY MEPICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the factor, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 should be to moveded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bodrd of Health, or its designated agent, prior to burial, cremation, or removal, and in gry every within 72 hours after death. VS. ATSME 5M 2/57

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CERTIFICATE OF DEATH Reg. Dist. No director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND funeral b. CIDOOR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN, (If outside carporate limits, write RURAL and give nearest town) BURAL and/give nearest town) hould TONSVIL d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? NESTWOOD YES NO puo 2 NAME OF 3. Middle 4. DATE Doy Manth Yeor filled DECEASED OF DEATH (Type or print) 114 19~ 6. COLOR OR RACE 5, SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER YYEAR IF UNDER 24 HRS last birthday Months Doys Hours rbon papers. DIVORCED | EMALE WIDOWED [ campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of watking life were if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Car certificote 2 Mours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending within 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** io sclerotic (UD þ Conditions, if ony, which gave rise to immediate be **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO R 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificole 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) (State) Hour a. m. factory, street, office bldg., etc.) While Not while D. m. ot wark at wark 21. I certify that Lattended the deceased from 2. that I last saw the deceased and that death accurred at 134 alive on L.M. fram the causes and an the date stated above. OR ADDRESS (Street, city or tepus, state) DATE SIGNED 0 ACTUAL priar SIGNATURE 3 shoul O HOSPITAL PHYSICIAN'S registror FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, of county) (Stote) REMOVAL (Specify) the 0000 URIAL 10 ÉUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) MAY 21 '59 arthur & Kraus DATE 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## FOR STATE

HEALTH DEPT ector. Page your files.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessated the calculations, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral a should be and of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Funeral Directors: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bod as its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours offer death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea.	Dist.					"

5319 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution:	
O. COUNTY DAZTIYUTE MARYLAND	g. STATE Maryland b. COUNTY	Baltimore
b. CITY OR TOWN (It outside corporate limits, write RURAL ond give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	AL and give nearest town)
Bentley Springs ?????	X Bentley Springs	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Eagle Mill Rd.	/ Eagle Mill Rd.	YES NO
3. NAME OF DECEASED (Type or print) CARRIE Belle Middle	7 15 H DEATH Month	Day Year /2 1959
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1	the black do 1	NDER TYEAR IF UNDER 24 HRS.
female white widowed Divorced	J = -/   J/ ///	oths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUS  home	ITY 11. BIRTHPLACE (Stote or foreign country)  Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John T. Tillman	Barbara Schneider	
15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
[Yes, no. or unknown]     If yes, give war or dates of service    none   Bu	rton A. Marsh ab	ove
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1. VOIL	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	y Occhrision	ONSET AND DEATH
IMMEDIATE CAUSE (o)	y or case	2
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Conditions, if ony, which gove rise to immediate cause (b)		
(o), stating the underlying DUE TO		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	N PART 1(0) 19. WAS AUTOPSY
PART II, OTHER STOTILE CONTINUES CONTINUES TO STATE OF THE STOTILE CONTINUES TO STOTILE CONTINUES TO STATE OF THE STATE OF T		PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of item 18.)	1120 1100
E 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (	enter notice of injury in roll for roll it of them is.	
	CE OF INHIBY Many form 100f (Cit. or love)	(County) (State)
	CE OF INJURY (Home, form, 20f. (City or town) lory, street, office bldg., etc.)	(Store)
21. I certify that I taok charge of the remains described about	ove, held an Autopsy [], Inspection []. In	nquiry [], and in my
apinian death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermin	ned manner
SIGNATURE (1, M. France	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE ( )	ASSISTANT MEDICAL EXAMINER	5/13/59
EXAMINER'S AME (Type) AME (Type)	DEPUTY MEDICAL EXAMINER	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF		
Burial 5-15-59 St. James H	Episcopal Monkton, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAI	R'S SIGNATURE
Brooks Funeral Service, Towson4, M	Id. DATE MAY 1 8 '59 Call	or & Kraud

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he funeral director, should be filed with ofter death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5320

#### CEDTIFICATE OF DEATH

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	0	O IS O	CERTII	ICAI	L OI DEA				Reg. [	Dist. No.	,	
o. COUNTY Bal	timore		MARYL		USUAL RESIDENCE o. STATE Mary	(Where de	eceased live	ed. If institution b. COUNTY	4000			rge s
b. CITY OR TOWN (II RURAL ond give ne	f outside corporate limi carest town)	ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN	(If outside	corporote	limits, write R	URAL and	give nec	arest town	n)
	sville		13 days		333 Laur	rel	Avenu	e - L	aure	1 Md.	. 16.	41.2
OR INSTITUTION	AL (if not in hospital, g		oddress) OSPITAL		d. STREET ADDRESS		Aven	ue				FARM?
3. NAME OF DECEASED (Type or print)	Olga	st	Middle	N	losi Iartin	4. D		Mon Ma		19	ly	Year 1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		ATE OF BIRTH		9. A	GE (In years	-	R 1 YEAR	IF UND	ER 24 HRS
female	white	WIDOWI			ly 27, 18	383	lo	75 yrs.	Months	Doys	Haurs	Min.
10o. USUAL OCCUPATION during most of work hou sewi	ing life, even it refired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	~	ote or for	eign countr	у)	12. C	_	F WHAT	COUNTR
18. FATHER'S NAME	20			1.	I. MOTHER'S MAIDE					DWG	e Clean	-
) Unknown					Unknown							
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO				Addr	ess			
unknown (	If yes, give wor or dotes of s		Inknown	Reco	rds : SPF	RING	GRO VE	STATE	E H(	OSPIT	PAT.	
Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	the under- DUE TO	, G	rterioscler	arter	ioscleros	is			EN IN PA			AUTOPSY
CATI			Senile psyc	hosis						(0)	PERFC YES 1	PRMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)		_ Not while	Oe. PLACE	OF INJURY (Home, f street, office bldg.,	form, 20f				(County)		(State)
21. I certify the alive an M  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	ot I offended the lay 19 Fulla U Stella Wac	decease, 195	ed fram. May 1	M.D.	SPRING Catons	GRO'	fram thess (Street. VE S	city or town, : TATE H Maryla	nd on stole) IOSPI	the da	te state	decease ed abav ATE SIGNE 19–59
220. BURIAL CREMATION REMOVAL (Specify) BURIAL	MAY 23	,195	22c. NAME OF CEMET	HIL	LS			(City, town, o	PA.		(Stot	e)
23. FUNERAL DIRECTOR'S HENRY SAI		NS ]	ADDRESS INC. BALTI	MORE	MD . DATE	MAY 2	EGISTRAR	24b. REGIS		8. Ha		

SANDER & SONS INC. BALTIMORE MD.

**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs D FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR TO FUNERAL

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNRAL CIOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, the registrar prior to hurrial.

力	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  1 tems 7.12 FilmG243 6-5-59 et (15299)  CERTIFICATE OF DEATH
	1. PLACE OF DEATH Millimore County o. COUNTY CATONSVILLE MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE 402 OLD VIEW COURT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CATONSVILLE  C. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  52 A TONSVILLE
X	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  4. STREET ADDRESS  ON A FARM?  YES NO
	3. NAME OF DECEASED (Type or print) AGNES MARRIED T NEVER MARRIED T 8. DATE OF BIRTH  4. DATE Month Doy Year OF DEATH  5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H&S.
_	WIDOWED DIVORCED April 26, 1877   Szyrs.   Months Days Hours Min.
I des	during most of working life, even if retired)  HOUSE USE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
hours af	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address (It yes, give wor or dotes of service)  OR, MARY LAURENTIA - HAMBURG ANS
nd in any event within	18. CAUSE OF DEATH [Enter only one couse per line for (a). (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (c)
ar remaval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ematian.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of wark of wark of wark 19 of wark 19 Not wark 19 of wa
strar priar to burial, cr	21. I certify that I attended the deceased fram. 4/10, 19 29, to 5/25, 1959, that I last saw the deceased alive on 5/25, 1959, and that death accurred at M, from the causes and an the date stated abave.  ACTUAL SIGNATURE  M.D. 7/5 Frederich townstate  M.D. 7/5 Frederich towns
the regi	220. EURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. Iown, or county) (State)
)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lag. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

ADDRESS - 1930 Easte

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

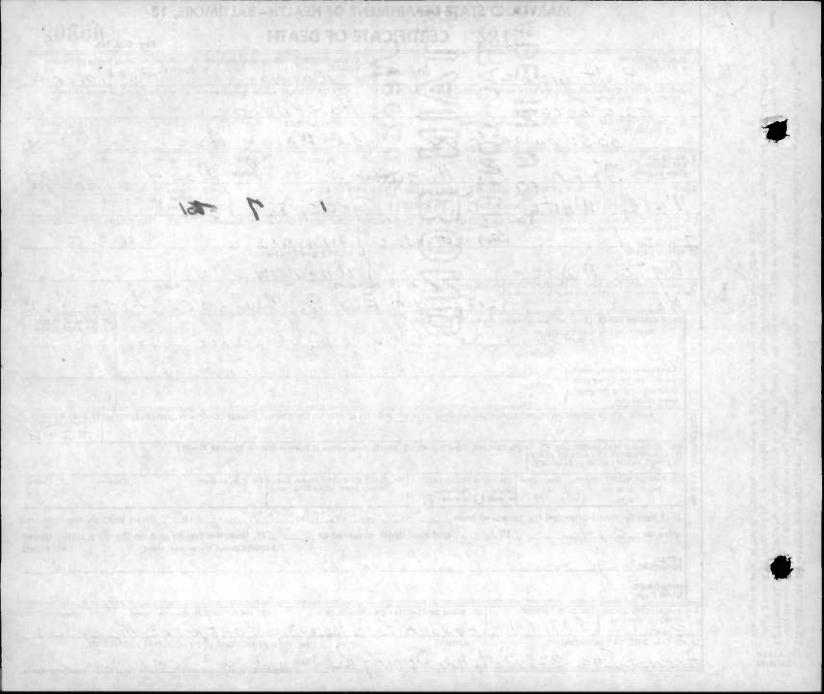
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5324 CERTIFICA

**CERTIFICATE OF DEATH** 

05303

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY BE	ıltimore		MARYLAN	II O STATE		ere decease	d lived. If instituti b. COUNTY		timo		ion)
RURAL and give	(If outside carporate limit nearest town)	ls, write	c. LENGTH OF STAY IN 1	4-11	TOWN (If o	utside corpo	orate limits, write R	URAL one	give nea	rest town	)
	ITAL (If not in haspital, a	ive street	address)	d. STREET	DDRESS	zar A	ve.				IDENCE FARM?
3. NAME OF DECEASED	Fire	st.	Middle	Lo	it	4, DATE	Mor	ith	Da	у	Year
(Type or print)	Mar	U	C.	Maxwell		DEATH	May	17			19 59
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years last birthday)		R 1 YEAR		
Female	White	WIDOWE	DIVORCED	Feb. 20	191	3	46 yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPAT during most of wo Schoolt	rking life, even if retired)	lane 10b.	KIND OF BUSINESS OR IN		nnsyl		ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME					
W.	H. Carson			Ali	ce Di	11					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	7. INFORMANT	00 01	-	Add	ress	-		
(Yes, no. or unknown)	ATH [Enler anly one car	1	36-18-5605	Mr. Sei	bert	Maxwe:	11 A	s Ab	ove		
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DON, which immediate the under-	N	AR CINON							ERVAL BE ET AND	
PART II. OI	THER SIGNIFICANT CONI		ONTRIBUTING TO DEATH I					PA IN PA	RT 1(a) 15	PERFO	AUTOPSY RMED? NO 🕰
							8,00				
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Yea	While	Not while at work	PLACE OF INJURY ( factory, street, offic	Home, form e bldg., etc.	, 20f. (City	r or lawn)		(County)		(State)
21. I certify to alive an Macronal SIGNATURE PHYSICIAN'S	hat I attended the AY 17	, 195	2, and that dec	ath accurred at	3251 8 S	· TA	n the causes of treet, city ar tawn,	and an		e state	
NAME (Type)	ON. 226. DATE THEREO		11 CELI KI		441	7/1051		,	45	),	
REMOVAL (Specify Burial			Lincoln	OR CREMATORY			TION (City, town, on the share)			(State	)
23. FUNERAL DIRECTOR		1	ADDRESS 4		A	BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATUR		1737
7,700007	M Sygn	un,			DATE "	1111 . 2	22	inthug	8. th	aus	

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5325 **CERTIFICATE OF DEATH** 

Rea Dist No

05304

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1. PLACE OF DEATH o. COUNTY Ba.	ltimore	MARYLAND	CTATE	(Where deceosed live	I COUNTY -		Baltimo
b. CITY OR TOWN RURAL ond give TOWSON	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate I	imits, write RURAL	ond give neor	est town)
OR INSTITUTION	TAL (If not in hospitol, give street Convalsent Ho		d. STREET ADDRES	SS		- 7	IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	Stirling A	lbert Mays	Lost	4. DATE OF DEATH	Month 5-31-	-59 Doy	Yeor
s. sex male	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH 1-16-189	9. Ad lo	GE (In years IF UN Moni		F UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPAT during most of wo machin: 13. FATHER'S NAME	ION (Give kind of work done rking life, even if retired)	KIND OF BUSINESS OR INDU	Mary	land		U.S.A	WHAT COUNTRY
	re A Move			beth Stin	oling		
	ge A. Mays	SOCIAL SECURITY NO. 17. II	NFORMANT	Decil Dell	Address		
IYes, no or unknown)	(If yes, give war or dates of service)		rs. Baker	C. Johns		abo	ve
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. O	ony, which   (b) immediate   DUE TO	CONTRIBUTING TO DEATH BUT		TERMINAL DISEASE COI	NDITION GIVEN IN		. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 1 206. DES G 1 CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injur	y in Port I or Port II of	item 18.)	Fig.	
20c. TIME OF INJU Hour o. m. p. m.	. While	1 6-	ACE OF INJURY (Home, ctory, street, office bldg.		wn)	(County)	(Stote)
21. I certify I alive an Ma	7 . 5	sed from June 59, and that death	, 19 <b>58</b> , to accurred at <b>6</b> . 2	20a M, from the	, 19 <b>59</b> , tha e causes and a city or town, stote)	on the date	w the deceased e stated above DATE SIGNED
	A.M. Brance			arkton, M			
Burial CREMATI	ON. 22b. DATE THEREOF	22c. NAME OF CEMETERY OF FOSTER'S	R CREMATORY		(City. town, or cour	nty)	(Stote)
23. FUNERAL DIRECTO	r's signature uneral Servic	e, Towson 4,	M.A	REC'D BY REGISTRAR	24b. REGISTRAR'	S SIGNATURE	

hould be filled with may be retaint toy the hospital or ottending physician.

O FUNERAL ACTOR: After this certificate has been signed by the attending physician and campletely filled in U page 3 should be detached for use as the buriol-transit permit. Then please remake corbon papers. Pages 1 and 2 is the registror prior to burial, crematian, ar removal, and in any event within 77 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain TO FUNERAL a VS A1S (4) 1SM 9/5S

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22c. NAME OF CEMETERY OR CREMATORY

Parkwood

**ADDRESS** 

Wm Cook-Towson, Inc. 1050 York Rd. Towson

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

Baltimore, Maryland

24b. REGISTRAR'S SIGNATURE

arthur S. Thouse

(State)

10 HOSPI 10

22a. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

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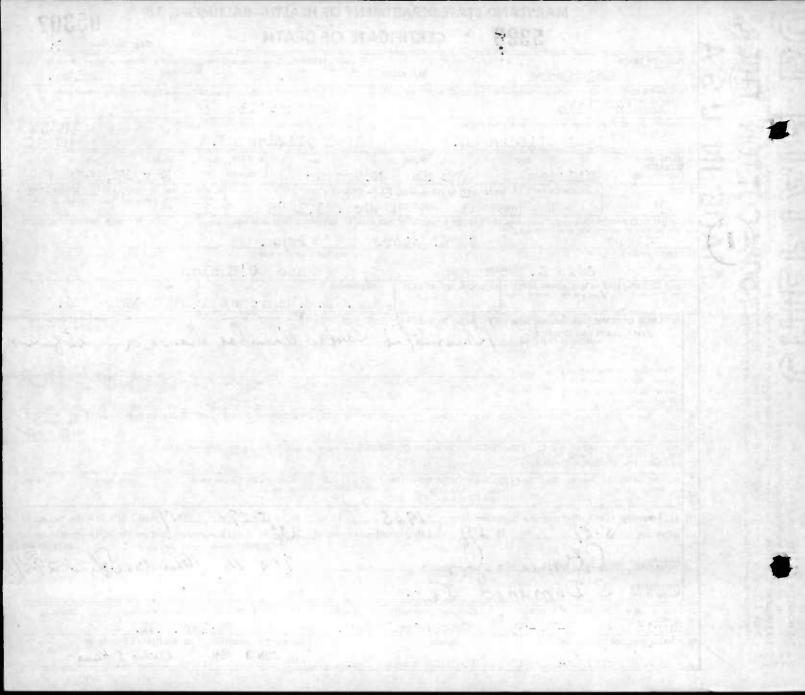
VS A15 (4) 15M 9/5B

MARYLAND	STATE	DEPARTMENT	OF HE	ALTH-B	ALTIMORE,	18

5328 CERTIFICATE OF DEATH

05307

	O C		CERTIFIC		OI DEAII			Reg. D	ist. No	•
1. PLACE OF DEATH o. COUNTY	altimore		MARYLAND		JSUAL RESIDENCE (Who state Md.	ere decease	d lived. If instituti b. COUNTY	on: Reside	2000	alto.
b. CITY OR TOWN (I RURAL and give no Catons		its, write	c. LENGTH OF STAY IN 16	5	2 Catonsv		orate limits, write R	URAL ond	give nec	arest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	den		/	d. STREET ADDRESS 901 Clifd	en Ro	7	-17		e. IS RESIDENC ON A FARM YES NO
NAME OF				_11		т				
NAME OF DECEASED (Type or print)	William	rst	Middle Thomas	McG	ronan	4. DATE OF DEATH	Mor Ma	ay 2'	7,1	y Year 959 <b>19</b>
SEX	6. COLOR OR RACE	7. MARS	RIED NEVER MARRIED DIVORCED		t.21.1885		9. AGE (In years last birthday) 73 yrs.	IF UNDE Manths	R 1 YEAR Days	Hours Mi
during most of wark	ON (Give kind af work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State			12. CIT	TIZEN OI	F WHAT COUNT
Clerk B. FATHER'S NAME			Dept. Stor		Penn					
. FAIRER S NAME	Tohn T	Mad	20000	14	. MOTHER'S MAIDEN N		enlon			
	John J.			10170	Rose	ODN				
	(If yes, give war or dates of s		SOCIAL SECURITY NO.	INFOR Mrs		rona	ььа n 1901 (	Clif	den	Rd.
cause (o), stating lying couse last.  PART II. OTHER  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	) (0	:)	CONTRIBUTING TO DEATH BE	UT NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	/EN IN PAI	RT 1(o) 1	19. WAS AUTO PERFORMED YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (En	ter noture of injury in F	Port I ar Par	t II af item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day. Ye	ar 20d. II While of wor	Not while		DF INJURY (Home, form street, office bldg., etc.		y or tawn)		(County)	(St
	S Demo	deceas , 19_ 	g, and that dear		19, ta	M, fram		d on th		w the decea e stated abo DATE SIGN
20. BURIAL, CREMATIO REMOVAL (Specify) BUPIA1	N, 22b. DATE THEREC		22c. NAME OF CEMETERY	or cre			TION (City, town, Balto. )			(State)
B. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC'I	D BY REGIS			IGNATU	RE
Farley F	uneral H	ome I	Catonsville	Ma	DATE JI	UN 3	59 a	rilling 2	8. Kus	us



D		5329 CERTIFICATE OF DEATH  Reg. Dist. NO 5308
Page director	1.	PLACE OF DEATH  a. COUNTY  ALTO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  b. COUNTY
funeral uld bert		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits) write RURAL and give nearest town)  ALTO SVI
obo 2 sho	E	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR IN THE S. 16 FUSTING 620 (1) HAMBURG TEST NO THE ON A FARM? YES NO THE
in 24 ho filled in ges 1 or		NAME OF DECEASED Lost 4. DATE OF DEATH Day Year OF DEATH 1959.
ed with		SEX  6. COLOR OR RAFE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  9. AGE (In years light birthday)  WIDOWED   DIVORCED   2-10-1884  9. AGE (In years light birthday)  Months Days Hours Min.
and can bon pap er death.		1. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stole as foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MANDEN NAME
tificote be oblysician a move carbo hours offer	1	FATHER'S MAME , H. T. MOSZ MANDEN NAME STUDEN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address
oth certi ading ph ase rem vin 72 ho	(Ye	(MARIES WALDSCHMICHT 38 OVER DROOK A
the derivent the derivent with		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  INTERVAL BETWEEN  ONSET AND DEATH  ONSET AND DEATH  THE CAUSE (O)  DUE TO
ned by ermin.		Conditions, if ony, which gove rise to immediate Out to
sician. Seen sig ransit p	NO	cause (a), stating the under- lying cause lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ding phy are hos a burioki	CERTIFICATION	PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
rysicial certifica se as the	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while Statery, street, office bldg., etc.)! (County) (State)
ospitol of the this ed far us ol, crem	MEDI	21. I certify that I attended the deceased fram
ATTEND TOR: A detach to buri		alive on
AI OR NI DI CONTROL DE		ACTUAL SIGNATURE MAURICE SIGNATURE M.D. 2 & Read St. Ballo-MM 5/2/5 PHYSICIAN'S NAME (Type)
May be rungy be rungy be rungy bage 3 she registr	220	BURTOR, CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATIONY 22d (Contion (City, town, or county) 151000 (City, town, or county)
VS A15 (4) 15M 10/57	1	SUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Particular and	PICATE OF DEATH	1 " Z.	
The second	Maritim Victoria and American		SAN
	(C 25)		
		NE STATE OF	
	TANK TO SEE SEE		

VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
5220	CEDTIEICATE	OF DEATH	

23311 CERTIFICATE OF DEATH

05310 Reg. Dist. No

1	PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylar			before admission	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catons ville	3. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outs Capitol Hei			re nearest town)	1
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS 6222 Kingsto		7(0	e. IS RESI ON A YES	FARM?
	NAME OF First DECEASED (Type or print) Sarah	Middle		J. DATE OF DEATH	Month May 2	Doy Y	ear 9 59
1	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED   '8	DATE OF BIRTH	9. AGE (In y	ears IF UNDER 1	YEAR IF UNDER	
	female white wipow			79?	yrs.		
	o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  NOUSEWIIE	KIND OF BUSINESS OR INDUS	Ireland	foreign country)	Irela	and	COUNTRY
13	Unknown		14. MOTHER'S MAIDEN NAM Unknown	ME			
15	as, no, or unknown) . Iff was give war or dates of service)		FORMANT cords: S PRING	GROVE ST	Address HOS	SPITAL	
	422,1 DUE TO	ne for (o), (b), ond (c).] rteriosclerotic merallized arter:		r disease		INTERVAL BET ONSET AND	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINA	L DISEASE CONDITION	I GIVEN IN PART I	PERFOR	NO 2
		CRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in Port	t I or Part II of item 18	.)		
MEDICAL	20c, TIME OF INJURY Month, Day, Year Hour o. m. 19 While ot wor	NJURY OCCURRED 20e. PLAG Not while focts k of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(Co	unty)	(Stote)
	21. I certify that I attended the deceas alive an May 20 , 19 ACTUAL SIGNATURE STELLA W	ed from. May 11 59, and that death and substant M	AD		es and an the	date state	
	PHYSICIAN'S Stella Wachs			le 28, Mary	land		
1	REMOVAL (Specific Specific Spe	22c. NAME OF CRIMERENY OR	of Cen. 2	Hashi	wn, or county)	1Store	5.6
23	FUNERAL DIRECTOR'S SIGNATURE	Home mt. [	PALL DATMAY 2		REGISTRAR'S SIGN		
	- 9	ve!					

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是一个人,但是一个人,也是一个人的人,但是一个人的人,也是一个人的人的人,也是一个人的人的人,也是一个人的人的人,也是一个人的人的人,也是一个人的人的人,也是一	

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			5185	CERT	IFIC/	ATE OF D	EATH	4		Reg. Di	ist. No.	530	9
1.	PLACE OF DEATH o. COUNTY B	altimore		MAR	YLAND	2. USUAL RESIL o. STATE Md	DENCE (WI	here deceased	lived. If institut b. COUNT		ce befor	e odmiss	ion)
	b. CITY OR TOWN (III RURAL and give ne Haletha	arest town)	mits, write	c. LENGTH OF STA		c. CITY OR 1			ote limits, write	RURAL ond	give ned	rest town	1)
	d. NAME OF HOSPIT, OR INSTITUTION 1730		give street o	oddress)		d. STREET A		s Ave					FARM?
		Lelia El			er	los		4. DATE OF DEATH	May 2	nth 2,	Da	,	Yeor 19 <sup>5</sup> 9
	Female	White	WIDOWE		ED 🔲	B. DATE OF BIRTI	, 19	06	9. AGE (In years last birthday) 52 yrs	Months	1 YEAR Days	Hours	R 24 HRS Min.
	House W	N (Give kind of worling life, even if retire 118	k done 10b.	KIND OF BUSINESS	OR INDU	Bal	timo	re	untry)	12. CI1	TIZEN O	F WHAT	COUNTR
		arles C.				14. MOTHER'S Mary		Wortm	an				
15.	WAS DECEASED EVER	R IN U. S. ARMED FO If yes, give wor or dates o	f service)	SOCIAL SECURITY N		W. No	rris	Mill	er 173	o Wi	nan	rA e	re-
	PART I. DEAT  Conditions, if an gove rise to in couse (o), stoting t lying couse lost.	TH WAS CAUSED BY IMMEDIATE CAUSE DUE T Duy, which	(o) Me	e for (o). (b). ond (c taststic c imary card	arci		brea	st <b>-</b> 19	55		INTE	RVAL BE ET AND	DEATH
CERTIFICATION		ER SIGNIFICANT CO								VEN IN PAR	T 1(o) 1	PERFO YES [	RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATI	5	RIBE HOW INJURY					II of item 18.)				
MEDICAL	Hour a. js.	Month, Day, Y	While	Not while of work	20e. PL	ACE OF INJURY (I story, street, office	lome, farm bldg., etc.	20f. (City	or town)	(0	County)		(Stote
	21. I certify the alive on May ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		Aug	59,_, and tha	t death		1:30	P.M. fram ADDRESS (Sir	the causes of town,	and an tl	he dat	e state	ed abav
E	P. BURIAL, CREMATION REMOVAL (Specify)	May 22	,1959	22c. NAME OF CEAL				22d. LOCATI Ba	ON (City, town, 1 timor	or county)		(State	:)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'I	D BY REGISTR	AR 24b. REG	STRAR'S SIC	SNATUR	E	

arihun S. Kraus

VS A15 (4) 15M 9/55

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		AT MANY OF THE PARTY OF THE PAR
	051 40-1446 b (2-1a)	
Ser des 1		SHOW THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF
	and Manual Life Annual	
., -22-5'		
		AMERICAN SERVICE FOR THE SERVICE FOR THE

THE RESERVE OF THE PROPERTY OF THE PARTY OF

O DEPUTY MEDICAL 5M 9/55

12. CITIZEN OF WHAT COUNTRY? America 9 Robbinhood Rd. Natick, Mass. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IX NO T (Stote) (County) Ralto. Md. Inquiry , and find that Undetermined cause DATE SIGNED 22d. LOCATION (City, town, or county) (State) 246. REGISTRAR'S SIGNATURE arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO

Year

Hours

Days

19 59

Min.

A SCHOOL STATE OF STA Make March Long School 1 The same of the sa STATE OF THE PARTY HAVE A SECURITION OF THE PARTY OF THE

## FOR STATE HEALTH DEPT.

1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is recessory, please execute the stificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funetrial rector. Page 4 should be maded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in any exect within 72 hours after death.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05312

Reg. Dist. No.

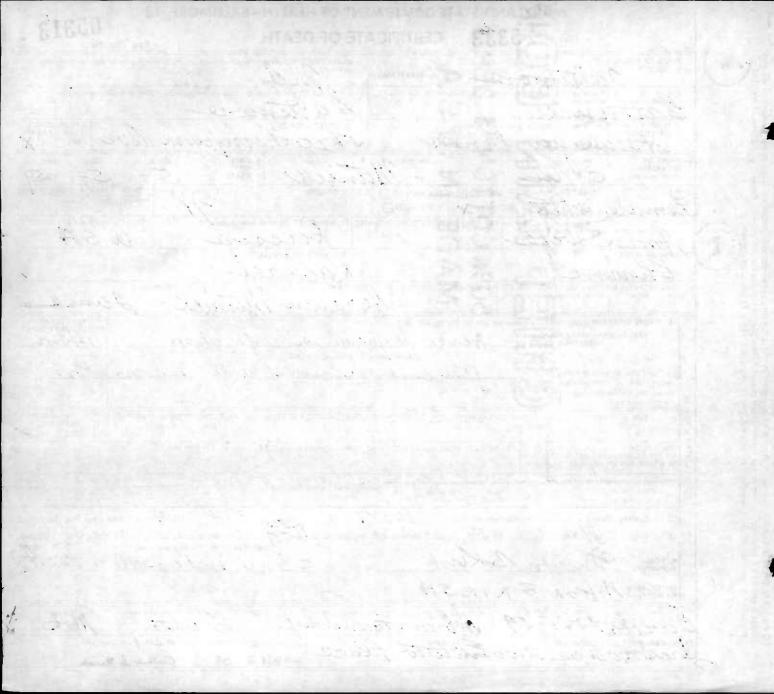
Rural  3. Name of Deceased (Type or print)  Rural  91. New Jersey Avenue (YES No Control							
G. SESSIDENCE  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  7. NAME OF MARKET  S. SEX MEDICAL OR INSTITUTION (If not in hospital, give street oddress)  7. NAME OF MARKET  S. SEX MEDICAL OR RACE  1. NAME OF MARKET  MOUNDAME  S. SEX MEDICAL OR RACE  1. NAME OF MARKET  MOUNDAGED  MITTIC  NO MOUNT MARKET  MOUNDAGED  MOUND	g, COUNTY		O STATE			Residence befo	ore odmission)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Rurel  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  9. New Jersey Avenue  12. No Con A FARM?  9. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  14. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  15. SEX  10. COLOR OR RACE  10. MARRIED  10. NEVER MARRIED  10. NEVER MARRIED  10. RATE OF RIFIT  10. USUAL OCCUPATION (Give kind of work down)  10. USUAL OCCUPATION (Give kind of work down)	and give nearest lown)	TH OF STAY IN 16			imits, write RURA	L and give ne	porest town)
Rural  3. NAME OF DECAMBON   First   Middle   Lost   DATE   Month   Day   Year   DECAMBON   The Control of Part   Middle   Lost   Mithick   DATE   Month   May   12,   1959   S. SEX   6. COLOR OF RACE   MODOWED   DIVOSCED   April   8, 943   Month   Day   Hours   Min.   May   12,   1959   Month   Day   Hours   Min.   Month   Day   Hours   Month   Day   Hours   Month   Month   Day   Hours   Min.   Month   Day   Hours   Month   Day   Hours   Month   Month   Day   Hours   Month   Month   Day   Mo		atana a defensa		OKTAU	67	X	Ta is pesidenice
3. NAME OF DECEASED PROJECT STORY DECEASED PR		street adoress)		New Jerse	v Avenue		ON A FARM?
S. SEX		Middle		4. DATE			Year
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIGHT   S. P. AGE in your will building to be building most of wedging life, were if retired)   10. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTS   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAS DECEASE OF BUILDING TO BUSINESS OR INDUSTRY   17. INFORMANT   18. CAUSE OF BUILDING TO BUSINESS OR INDUSTRY   18. MOTHER'S MAIDEN NAME   19. WAS DECEASE OF BUILDING TO BUSINESS OR INDUSTRY   19. INFORMANT   18. CAUSE OF BEATH.   19. INFORMANT   18. CAUSE OF BEATH.   19. INFORMANT   18. CAUSE OF BEATH.   19. INFORMANT   19. IN			Mitnick		May	12	. 1959
Divorce   Divo	5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED 8. C	DATE OF BIRTH	9. AGE	(In years IFU!	NDER TYEAR	IF UNDER 24 HRS
13. FATHER'S NAME	M WIDOWED	DIVORCED	April 18,19	923 31	MOII	ths Days	Hours Min.
13. FATER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  PART I. O'THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).)  PART II. O'THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  18. CAUSE O'D PEATH.  Airplane crash  Airplane crash  Airplane crash  Airplane crash  20c. EXTERNAL CAUSE WAS  PERMANY DAY OF CONTRIBUTING    Airplane crash  Airplane crash  Air O'Ver farm  Chase  Balto.  MG.  21. I certify that I took charge of the remains described above, held an Autapsy (Examiner)  Activation  Activation  Mol. Chief MEDICAL EXAMINER    ACTIVATION  AND CHIEF MEDICAL EXAMINER    ADDRESS LEATHER CAMP CONTRIBUTING    ADDRESS LEATHER CAMP CAMP CONTRIBUTING    ADDRESS LEATHER CAMP CAMP CONTRIBUTION (Stole)  SOFTING FROM CONTRIBUTION (Stole)  ACTIVATION OF THE CONTRIBUTION (Stole)  ACTIVATION OF THE CONTRIBUTION (County) (Stole)  ACTIVATION OF THE CONTRIBUTION (COURSE OF COUNTY) (Stole)  ACTIVATION OF THE COURSE OF THE COURS	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 81 during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole	or foreign country)	12	CITIZEN OF	WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT  19. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  10. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  10. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  10. PART I. DEATH WAS CAUSED BY.  10. DUE TO  10. Conditions. If only, which gove rise to immediate course (c), toling the underlying (c).  10. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (c) 19. WAS AUTOPSY PERFORMEDY YES NO  10. EXTERNAL CAUSE WAS PERFORMEDY YES NO  10. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (c) 19. WAS AUTOPSY PERFORMEDY YES NO  10. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (c) 19. WAS AUTOPSY PERFORMEDY YES NO  10. EXTERNAL CAUSE WAS PERFORMEDY YES NO  10. LINUTEY (Home, form. 120f. (City or lown) (County) (Stole) Head of work 10  10. ALTO YES NO  10. EXTERNAL CAUSE WAS PERFORMEDY YES NO  10. LINUTEY (Home, form. 120f. (City or lown) (County) (Stole) Performed Was Performed William Yes No  10. CHIEF MEDICAL EXAMINER TO ASSISTANT MEDICAL EXAMINER TO ADDRESS SUGNATURE  10. ADDRESS SUGNATURE  120. BURIAL CECHANION, 120f. DATE THEREOF PERFORMEDY TO ADDRESS SUGNATURE  220. BURIAL		al GoviT	New	York			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMAT   17. INFORMANT   17. INFORMANT   17. INFORMAT	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
18. CAUSE OF DEATH   Enter only one course par line for (a), (b), and (c).	David MiTnick		Ray	Fische	+		19
18. CAUSE OF DEATH   Enter only one course per line for (o), (b), and (c).		CURITY NO. 17. INF	ORMANT		Address	0.11-0	
PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (c) Multiple extreme injuries    Conditions	NO	B	pulevard F	Funery Cl	papel	Brook	RIVINIV
PART I. DEATH WAS CAUSE 087  8	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)	, ond (c). ]			7	INTERN	VAL BETWEEN
DUE TO  Conditions. If ony, which gove rise to immediate couse (c), stoling the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) 19. WAS AUTOPSY PERFORMED? YES IN NO   200. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.)  Airplane crash  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED of While Not while of work of wor	PART I. DEATH WAS CAUSED BY: Multiple	extreme i	njuries			014361	AND DEATH
Conditions. if ony, which gove rise to immediate course (c), stoling the underlying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PERFORMED?  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  PERFORMED.  AIT DISEASE DISEASE.  AIT OVER TARM.  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ACTUAL  SIGNATURE  M. B. DAVIS  DEPUTY MEDICAL EXAMINER  ASSISTANT MEDIC	0/14						
The part is to immediate couse (a), stoting the underlying (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO [C]  200. EXTERNAL CAUSE WAS PERFORMED? YES NO [C]  200. EXTERNAL CAUSE WAS PRIMARY DAY CONTRIBUTING [C]  Airplane crash  200. TIME OF INJURY Month, Doy, Yeor of work of	Candition If any which \						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO    200. EXTERNAL CAUSE WAS COMPRESSIONATION    200. EXTERNAL CAUSE WAS COMPRESSIONATURE    200. EXTERNAL CAUSE WAS COMPRESSIONATION OF CONTRIBUTION OF COUNTY    200. EXTERNAL CAUSE WAS COMPRESSIONATION OF COUNTY    200. EXTERNAL CAUSE WAS COMPRESSION OF COUNTY    200. EXTERNAL CAUSE WAS COMPRESSION OF COUNTY    200. EXTERNAL CAUSE WAS COMPRESSION OF COUNTY    200. EXTERNAL CAUSE WAS	gove rise to immediate couse						
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20c. TIME OF INJURY  Month, Doy, Yeor  20d. INJURY OCCURRED  20e. PLACE OF INJURY (Home, form.)  Silfs p. m.  21. I certify that I taok charge of the remains described abave, held an Autapsy  opinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner  ACTUAL  SIGNATURE  EXAMINER'S  NAME (Type)  M. B. Davis  22c. NAME OF CEMETERY OF COMMENTAL EXAMINER  DEPUTY MEDICAL EXAMINER  22d. LOCATION (City, Iown, or county)  REMOVAL (Specify)  May 15  May 16  County)  20e. PLACE OF INJURY (Home, form.)  20f. (City or town)  (County)  (Air over farm  Chase  Balto  Md.  DATE SIGNED  20c. Name Of Cemetery  County  (County)  (Coun	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN	PART 1(0) 19	WAS AUTOPSY
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21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  ACTUAL SIGNATURE    M.D. CHIEF MEDICAL EXAMINER    ASSISTANT MEDICAL EXAMINER .  ASSISTANT MEDICAL EXAMINER .  DEPUTY MEDICAL EXAMINER .  220. BURIAL CREMATION, 22b. DATE THEREOF .  REMOVAL (Specify) .  MON TIFIOTE .  230. FUNERAL DIRECTOR'S SIGNATURE .  240. REC'D BY REGISTRAN .  246. REGISTRAN'S SIGNATURE	CAUSE OF DEATH.	plane cras	h				
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SIGNATURE  EXAMINER'S M. B. Davis  ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY ME	n 0	, Accident [2	, soleide [], ,	rannelde [],	Onderermin	ed manne	
ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP			CHIEF MEDICAL EX	AMINER 🗇		1 .	DATE SIGNED
EXAMINER'S M. B. DAVIS  DEPUTY MEDICAL EXAMINER D  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL (Specify)  REMOVAL (Specify)  MONTIFICE  23. FUNERAL DIRECTOR'S SIGNATURE  24b. REGISTRAR'S SIGNATURE	SIGNATURE		M.D.		JI	11/1-	5
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY GROUPS 22d. LOCATION (City, Iown, or county) (Store)  REMOVAL (Specify).  MONTIFIOTE  23. FUNERAL DIRECTOR'S SIGNATURE  24b. REGISTRAR'S SIGNATURE	EXAMINER'S M. B. Davis			-/	/	11/96	1
23. FUNERAL DIRECTOR'S SIGNATURE SIZE ADDRESS LEST HUTER QUE 240. REC'D BY REGISTRAN'S SIGNATURE	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAM	E OF CEMETERY CALL	Harris Service	22d. LOCATION (C	ity, lown, or cou	inty)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE SILESTHURE QUE 240. REC'D BY REGISTRAR'S SIGNATURE	() [/ ] []// ( / A ] []// Am	TIFIOTE		Saring F	ind L	ong Islo	and MIL
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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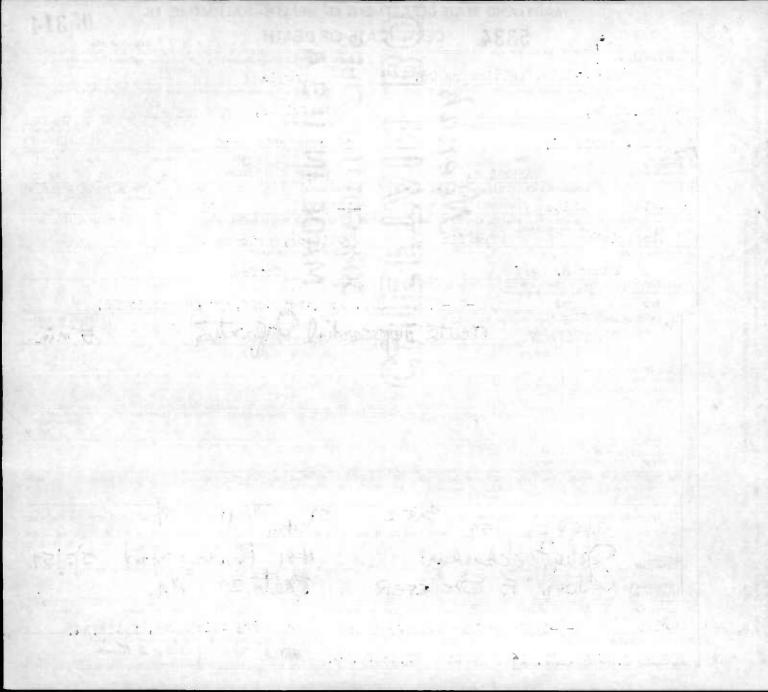
### **CERTIFICATE OF DEATH**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05314

Reg. Dist. No.

1. PLACE OF DEATH		211		****	2. USUAL R		Where deceas		institution DUNTY	n: Reside	nce befo	ore odmiss	ian)
	consville,		T	-		N. Carrier M.	land				Bo	ulta	
RURAL ond give r		its, write	c. LENGTH OF S	TAY IN 1b	/ o	or town () onsvil	If outside corp	orate limits,	write RU	RAL ond	give ne	arest town	)
d. NAME OF HOSP		ive street	oddress)		Pr	T ADDRESS	10,					e. IS RES	IDENCE
F0 -	TAL (If not in hospital, g		,	7.5								ON A	FARM?
	rrie Rd.				50 I	Jungar	rie Ro	ad				TES [	NO 🗌
3. NAME OF DECEASED	Fir			ddle		Last	4. DATE OF		Month	h	Do	y '	Year
(Type or print)		RACE	В		N	OFF	DEATI	1	May	P	1		1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MA	ARRIED	B. DATE OF E	URTH		9. AGE (In				IF UNDE	
Male	White	WIDOWI	ED DIVO	RCED 🗌	3-1-19	09		50	yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINES	S OR INDUS		_	te or foreign	country)		12. CIT	IZENO	F WHAT C	OUNTRY
Electri	rking life, even if retired ດໍຊາດ		raffic		01:	fton	8 20	- 0					
13. FATHER'S NAME	OTALL	1 1 1	arric			R'S MAIDEN	Arizon	18.			-		
	D NO.	0			14. 710111								
	ames B. Nef	-		4		(	Coffee						
1S. WAS DECEASEDEV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY	NO.	NFORMANT				Addre	988			
no	no	54	+7-03-576	7 Mr	s. Mar	garet	Neff.	50 Du	ngar	rie	Rd.		
CATIC	immediate DUE TO the under- CON	DITIONS C								EN IN PAI	RT 1(o)	IP. WAS PERFO	AUTOPSY RMED? NO
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter notu	re or injury i	in rom i or re	orr ii or itein	10.)				
ZOc. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. II While of wor	NJURY OCCURRED Not while t of work		ACE OF INJUI			ty or town)	_		(County)		(State
21. I certify to alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	don't za	deceas 195 Ich	-	hat death	accurred	4-01 Bac		the caus Street, city or	es and	hat I lo d an th tote)	e date		eceased abave signer 59
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	)   - 1		22c. NAME OF C			Y		ATION (City,				(Stot	e)
23. FUNERAL DIRECTOR	5-4-1950	7	New Cat	nedral	Cem	1		lerick		TRAR'S SI	Lto.	Md	
	ENNY, INC.	1600		ST.BAL	TO.MD.	24a. RE	4 '59			2 H		KE	



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

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TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the ficate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral 3 be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Besignated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

TO DEPUT	execute	4 shavin	TO FUNE	me ibe of
¥5.	A	51	ME	
8.4	A 9	14	7	

1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND				G. STAT	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  Maryland  b. COUNTY  Baltimore					
b. CITY OR TOWN (If and give nearest town)			c. LENGTH OF STAY IN	c. CITY	-	f outside corp	porote limits, write			
	Essex (2			34	Essex	(21)				4.0
d. NAME OF HOSPITA	AL OR INSTITUTION (	f not in hos	pital, give street address)	d. STRE	ET ADDRESS					N A FARM?
865 B	ack River	Neck F	load	/ 86	5 Back	River	Neck Ros	ad	YES	D NO
3. NAME OF DECEASED (Type or print)	BESSIE		Middle  ABETH O CO	MMOB	Lost	4. DATE OF DEATH	Mont	-	Doy	Year 1959
5. SEX			D NEVER MARRIED		PTH		9. AGE (In years	IF UNDER 1	YEAR IF U	NDER 24 HRS
Female	White	WIDOWED			, 1891	1	fast birthday) 68 yrs.	-	Poys Hou	
100. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR IN			ar foreign o	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
during most of working	g life, even it refired)			1704					YOA	
Housewif  13. FATHER'S NAME	8		lome		Marylar R'S MAIDEN I				JSA	
				IA. MOINE	K 3 MAIDER I	AVME				
	eall				Unkr	nyon				
15. WAS DECEASED EVE (Yes, no. of unknown)	R IN U, S. ARMED FO (If yes, give war ar dates at		SOCIAL SECURITY NO.	17. INFORMANT			Address			
No			None	Alice	E. 0'0	Connor	Same			
332 × Canditions, If as gave rise to immed (a), stating the cause last.	liote cause				-0030	,				
PART II, OTH  20g. EXTERNAL CAL PRIMARY Or CON CAUSE OF DEATH.			HOW INJURY OCCURRE					VEN IN PART		FORMED?
PRIMARY OF CON	ITRIBUTING []									
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yeo	While		PLACE OF INJUI factory, street, a	Y (Home, farn ffice bldg., etc	n. 20f. (City	or town)	(Cour	nty)	(Stote)
21. I certify th	at I taak charge	of the r	emains described	abave, held	an Autops	у П. 1г	spection []	Inquiry	THE .	and in my
ACTUAL	resulted from: 1	1	causes D. Accide	CHII	cide [],	Homicide	, Undete		anner [	E SIGNED
SIGNATURE				M.U.	STANT MEDIC				0	100 10
EXAMINER'S NAME (Type)	Jack C. Col	lins			UTY MEDICAL				9 ,	7,7
220. BURIAL CREMATIO			22c. NAME OF CEMETER	Y OR CREMATORY	1	22d. LOCA	TON (City, town,	or county)	(S	tate)
REMOVAL (Specify) Burial	5/18/59		Lorriane I	Park Cem			o. Md.			
S. FUNERAL DIRECTOR	10144		ADDRESS			D BY REGIST		STRAR'S SIGI		
James Bru		107 Ea	stern Ave.		DATE N	1AY 18'	59   0	when S.	Trace	

MEDICAL EXAMINERS CERTIFICATE OF BUARFIN 1 The state of the s SECURITY SEC E consent out the remain American Company of the second

FOR STATE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the ficate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 should be read to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained your files.

TO FUNERAL DERECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any speed-within 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05316 Reg. Dist. No.

	7, 5	. COUNTY	6					NCE (Where decease		12	fare admission)
1			120	to		MARYLAND	o. STATE	ma	b. COUNTY	Cour	Ti
1	b	ond give necrest for	if outside corpore	ate limits, write EUEAI	c. LENGTH	H OF STAY IN 16	c. CITY OR TO	WN (II outside carp	orate limits, write F	RURAL and give n	eorgit town)
			stor	isville	- 134	ins	52 C	Trisi	ille.		
	d	I NAME OF HOSPI	TAL OR INST	ITUTION (If not	in hospital, give st	oddress)	d. STREET ADD	RESS		A	. IS RESIDENCE
		6614	Kil	mari	uch L	line	1653	307 pr	ngton	- Ld	YES NO Z
	ε	NAME OF DECEASED (Type or print)	hill	law	Clan	Middle O	1 Keef	4. PATE OF DEATH	May	Day	Year 19-5-7
	5. SI	Tu.	6. COLOR	1	AARRIED AREVI	ER MARRIED .	DATE OF BIRTY	101	lost by friday	Months Days	Hours Min.
	100	USUAL OCCUPATI	ON (Give kin		Care de la		exe   11. BIRTHPLACE	(State or fareign co	b yrs.	12 CITIZEN O	F WHAT COUNTRY?
	R	fring most al worki	Range even	il getired)	Balle	to fel	l	13-11	6	le. CHIZEN O	fa
	13.	FATHER'S NAME	001	4	11	7	14. MOTHER'S MA	IDEN NAME	0		
М		XI.	elles	m 01	Cease			? Per	e eny		
		WAS DECEASED E		ARMED FORCES?		URITY NO. 17. IN	FORMANT	0.11	O Mayers	603	-
	8100	ne	N		2-20-2	-2= 120	o Zano	-I Oke	ofe B	denne	a Rd
		18. CAUSE OF DEA			r line far (a), (b),	ond (c).]			1	INTE	IVAL BETWEEN
		PART I. DEA	TH WAS CAL	USED BY: CAUSE (o)						ONSE	T AND DEATH
		11201	IMMEDIATE	DUE TO	-/	)	+	1			
		Conditions, if	nov which	,	10	Mona	vs 1h	1 - hr	200		
		gove rise to imme	rdiote couse	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 20 7000	1	corre			
		(a), stoting the	underlying	DUE TO		/					
	z		HER SIGNIFIC	CANT CONDITION	NS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	NI BNI PART 1/->1	VASCALITORS V
	8	1784 111 01				3 10 327111	07 1201120 10 1112	TERMINAL DISEASE	CONDITION OFFE		PERFORMED?
	5	200 EXTERNAL CA	IISE WAS	20h DE	SCRIBE HOW INII	IRV OCCUPPED (E.	ster eature of lature.	in Port I or Port II o	f : 18 h		YES NO Z
	CERTIFICATION	20a. EXTERNAL CA PRIMARY 13 or CO CAUSE OF DEATH	NTRIBUTING	0 200. 00.	SCRIBE HOW HATC	KI OCCORRED. (EI	irer notore of injury	in roll i of roll ii c	or irem 18.)		
		20c. TIME OF INJU			20d. INJURY OCC	TIPPED 200 BLAC	E OF INITIDY (Ham	e, farm, i 20f. (City		16	464.4.4
	MEDICAL	Hour a.m. p. m.			While _ Not		ry, street, office bld	g., elc.)	or iown)	(County)	(Stote)
		21. I certify t	hat I toal	k charge of t	the remains d	described above	re, held an Au	stopsy , In:	spection 🖳	Inquiry 2	and in my
		opinion deoth	resulted	fram: Natu	ral causes 🗾	Accident [	], Suicide [	], Hamicide	. Undeter	mined manne	er 🔲
			41	So.	11.	11					
		ACTUAL SIGNATURE	/11	10 1	trex	Lee	M.D. CHIEF MEDI	CAL EXAMINER			DATE SIGNED
2]			1 -	a	11 . 00	2 4	ASSISTANT I	MEDICAL EXAMINER	0 /	1.,	44
$\sim$		EXAMINER'S NAME (Type)	G-EI)	15,11,	RIEF	1-ER	DEPUTY MED	DICAL EXAMINER	1	May 2	3,0/
	220	BURIAL, CREMATIO	ON, 226. DA	ATE THEREOF	22c. NAME	OF CEMETERY OR	CREMATORY	22d. LOCATI	ION (City, town, or	county)	(State)
	6	PREMOVAL (Specify	Ma	1427.19	59 X	Tours,	in P	130	elto		and
	237	FUNERAL DIRECTO	E'S SIGNATU	RE	ADDRE	Es	240	REC'D BY REGISTR		RAR'S SIGNATUR	
8	JA.	ohu H.	Mond	1 531	18dus	masn	1 (IND DA	MAY 2 7	'59	Drihun S. 4	traus
- /	7	The state of the s			- JAY TVI						

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	may be retained by the haspital ar attending physician.	O FUNERAL D. TOR: After this certificate has been signed by the othending physician and completely filled in by funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remanyexabon papers. Pages 1 and 2 should be filed with	the registrar prior to burial, cremation, or remayal, and in any event within 72 hay's after death.

VS A15 (4)

Reg. Dist. No 1. PLACE OF DEATH, 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. TENGTH OF STAY IN 16 c. CITY DR TOWN If outside carparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address), STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF 4. DATE Middle Day Year DECEASED (Type or print) 120 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In pears last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours DIVORCED T WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. during moss of working life, even if retired) BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17/ONFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Stroke C. V. A DUE TO anterior levosis Canditians, if any, which gave rise to immediate **DUE TO** couse (o), stating the undermellitur lying cause last. eu-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o. m. Nat while at wark of wark 21. I certify that I attended the deceased fram 11/22, 1952, ta 5/15, 1953, that I last saw the deceased \_\_\_\_, and that death accurred at 6.00 M, from the causes and an the date stated above. ADDRESS (Street, city or tawa, state) ACTUAL PHYSICIAN'S Balto (17/ Md. Dr. 1. S. ZINBERG NAME (Type) 229 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE arthur S. Krous DATEMAY 21 '59

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5338

**CERTIFICATE OF DEATH** 

05318

Reg. Dist. No.

PLACE OF DEATH     COUNTY				2. USUAL RESIDE	NCE (Where decease		on: Residence	before admis	sion)
0. COONT	Baltimo	re	MARYLAND	o. STATE	rvland	b. COUNTY	Baltin	nore	
b. CITY OR TOWN ( RURAL and give n			c. LENGTH OF STAY IN 1b	c. CITY OR TO	WN (If outside corpo	orate limits, write R			n)
	Baltimo				altimore				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			d. STREET ADI	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?	
74	05 Hazelwoo	d Ave		50	05 Hazelw	ood Ave.			NO
3. NAME OF DECEASED	Fic	rst	Middle	Last	4. DATE OF	Mon	th	Doy	Year
(Type or print)		hn	S.	Oliver	DEATH	IVI			19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 Y		
Male	White	WIDOWED		July 2		74 yrs.	Months Do	ys Hours	Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work rking life, even if retired	done 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign o	ountry)	12. CITIZE	N OF WHAT	COUNTRY
Upholst			pholstering	Rai	ltimore. 1	Md.	1	JSA	
13. FATHER'S NAME				14. MOTHER'S M				JUA	
John	S. Oliver				Mary E.	Inknown			
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	NFORMANT	71,002 37 23 6	Addi	ess		
No	(It yes, give war ar dates of s	ervice	None Mr	s. Caroli	ne T Oli	ver 5005	Hazely	.A 600	
	ATH [Enter only one co	use per line		D. Out GII	IC T. OTT.	ver jour	11000000		
	ATH WAS CAUSED BY:	ose per ime	7 14 1/a to	· 1000 F	-1			INTERVAL BE	
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lying couse lost.		1							
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO TH	TE TERMINAL DISEAS	E CONDITION GIV	FN IN PART 1/	1 19 WAS	AUTOPSY
PART II. OT	Coulys	1 An	tesinsalisa	212.11.17	Villania	wey the	lease	PERFC	RMED?
20a, ACCIDENT WA	AS UNDERLYING   CAUSE OF DEATH	20b. DESCI	RIBE HOW INJURY OCCURRE	D. (Enter noture of in	njuly in Port I or Par	t II of item 18.)	uccoee	TES [	но 🗌
d fir etimek, NOTIFT	MEDICAL EXAMINER							96	
S 20c. TIME OF INJUR	RY Month, Day, Ye	While	Not while 20e. PL	ACE OF INJURY IHO ctory, street, office b	me, form, ; 20f. (Cit)  dg., etc.) !	or town)	(Cou	nty)	(Stote)
p. m.	19	of work							
p. m.		ot work	at work		ta 31/	Mall 1959	that Llas	t saw the	docented
21. I certify th	nat I attended the	ot work	d from DCX	, 19.52,		ley, 1959			
		ot work	at work	, 19.52,	M, fran	n the causes a	nd an the	date state	ed abave.
21. I certify th		ot work	d from DCX	, 19.52,	M, fran		nd an the	date state	ed abave.
21. I certify the alive an2	tomas	ot work	d from DCX	, 19.52,	M, fran	n the causes a	nd an the	date state	
21. I certify the alive an	Thomas Bre	deceaser 195	d from DCX	, 19.52 accurred at	M, from ADDRESS (S 17 Har Ballen	n the causes a	nd an the protes of MA	date state	ate signed
21. I certify the alive an	Thomas Bre	deceaser 195	d from DCX	, 19.52, accurred at	M, from ADDRESS (S 17 Har Ballen	n the causes a treet, city or town, COLAR	nd an the stote)  read to the stote of the s	date state  D  C  State	ate signed
21. I certify the alive an	Thomas Bre June 2,	deceaser, 195	d from OCX, and that death	, 19.52, accurred at. M.D. 52	M, from ADDRESS (S 17 Har Ballen	n the causes a treet, city or town, Color R. Col	nd an the stote)  read to the stote of the s	date state  Di  Control  (State	ate signed

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### FOR STATE HEALTH DEPT.

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VS. A15ME

5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05319

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY h COUNTY MAPYLAND Michigan Baltimore b. CITY OR TOWN (Il autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) Grosse Pointe Chase A STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 11760 White Hall Rural YES NO X 3. NAME OF Middle DATE First Month Day Year DECEASED OF 12. 1959 WITT.T.TAM PADDACK DEATH May (Type or print) C 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. Manths Hours Min. Mal . WIDOWED [ DIVORCED T 10a, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Airplane Pilet U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward E. Paddock Jessie Richard 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Home - Detroit M: INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TE NO [ 200. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH. CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) Airplane crash WEDICAL 20r. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour NOOK Air over farm Balto. Md. Chase • 15 p. m. at work at wark 21. I certify that I took charge of the remains described above, held on Autopsy [X]. Inspection Inquiry and in my Suicide | Natural-causes Accident | x Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Charles O'Donnell DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. ŁOCATION (City, lown, or county) REMOVAL (Specify) 5/16/59 White Chapel Cemetery Oakland County Burial ADDRESS 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR John A. Moran 3000 E.Balto.St.Balto.Md.

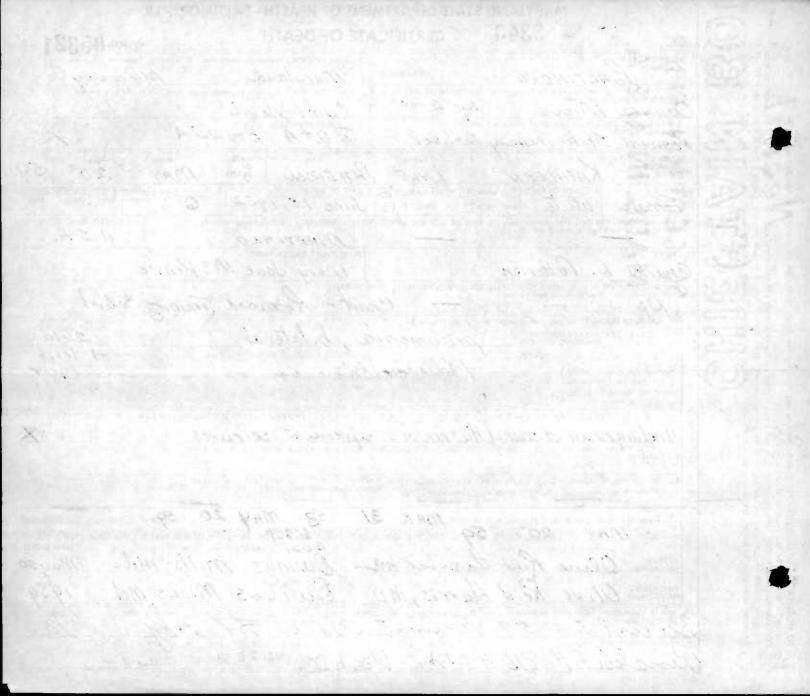
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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		TO FUNERAL D. ROR: After this certificate has been signed by the attending physician and campletely filled in by funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-173uld be filed with	the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.
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		51	72	CERTIF	ICA	TE OF DEAT	Н		Reg. Dist.	No. 05320
1	. PLACE OF DEATH o. COUNTY		1	MARYLA		2. USUAL RESIDENCE (V	Vhere deceased	l lived. If institution	on: Residence b	pefore admission)
-		ltimore				Md.				more
Т	RURAL ond give n	If outside corporate limited earest tawn)	ts, write	c. LENGTH OF STAY IN	1 15	c. CITY OR TOWN (If	outside corpor	rote limits, write R	URAL ond give	riegrest town)
L	Dundalk					53 Baltimo	re 22			
1	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	jive street	oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
WE.	** 2472	Кеужау				2472 Keyw	ray			YES NO
3	NAME OF DECEASED	Fir	st	Middle	177	Lost	4. DATE	Mon	th	Day Year
	(Type or print)	Victoria	Pan	ceszyn			DEATH	May	12	1959
5	. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24 HRS.
ı	F	W	WIDOW		_	12/24/1879		lost birthdoy) 79 yrs.	Months Da	ys Hours Min.
ī	Oo. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stor			12. CITIZE	N OF WHAT COUNTR
1	Housewif		)			Poland			Pols	and
ī	3. FATHER'S NAME					14. MOTHER'S MAIDEN			11010	and
L	9 W	rysko				Unknown				
1	5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. It	FORMANT		Adde	ess	
Г	No No	11f yes, give war or dates of s	ervice)		Mr	s Mary Plu	oinale	0470	Varra	- Polts
F		ama for a		ne for (o), (b), and (c).]	TAY T.	s mary riu	cinsk	1 6416	Keywa	NTERVAL BETWEEN
	Conditions, if a gove rise to i couse (a), stating lying couse lost.	mmediate (		<u> </u>				1812		
3	PART II OT			CONTRIBUTING TO DEATH	H BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY PERFORMED?
	S PA	RKIN SO.	NIS	DISER	75			101 Star P		YES NO
Cityouthand		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	). (Enter noture of injury in	Port I or Port	II of item 18.)		
THE DICE.	20c. TIME OF INJUI Hour a. gr. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED / 20	de. PLA foc	CE OF INJURY (Home, far tory, street, office bldg., et	m, 20f. (City	or town)	(Cour	nty) (Stote)
	21. I certify to	nat I attended the	deceas	110111	T	19 4, to occurred at 505	May			saw the decease
	ACTUAL SIGNATURE	m3		an C	leum	/ Xn.		reet, city or town,		DATE SIGNE
	PHYSICIAN'S	MBT	) A111	i mo	—'	N.O. (2000)	1	NING	). /	11.11.7
-	20. BURIAL, CREMATIC	ON. 22b. DATE THEREC	N V V	Im house or conserve		0/u-	w.	·- VV	$\sim$	77717
ľ	REMOVAL (Specify		959	Sacred He	98.1		-	ION (City, town, c		(Stote)
2	3. FUNERAL DIRECTOR		308	ADDRESS	<u> </u>		DA L		TRAR'S SIGNA	
(	John to. M	Chert Sans	4n	1401 S. Che	ole	11/	AAV 1 5 '5		ithun & to	
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martland si	CERTIFICA	ATE OF DEATH	I—BALIIMO	Reg. Dis	. 05224
1. PLACE OF DEATH O. COUNTY BALTIMORG	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	& b.	f institution: Residence COUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write C. RURAL and give neorest town)  JUNES  d. NAME OF HOSPITAL (If not in hospital, give street additional contents of the co	1. 2 mo	c. CITY OR TOWN (IF o	utside corporate limits	, write RURAL ond g	ive nearest town)  OIX - 2  e. IS RESIDENCE
Roswood State Training &	School	R.D.#4	Box 25	4	YES NO
3. NAME OF DECEASED (Type or print) KATHLEEN	Middle WYLE	PATTERSON	4. DATE OF DEATH	Month	20 19 <sup>5</sup>
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [		Sune 18,1	952 9. AGE lost	In years IF UNDER thhday) yrs.	1 YEAR IF UNDER 24 H Days Hours Mir
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during mast af working life, even if retired)	D OF BUSINESS OR INDU	MARYLI		12. CITI:	U.S.A.
Charles L. Patterson		Mary Ja	Me	Lensie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO.	NFORMANT ROSE	wood Tra	Address	kool
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (a), (b), and (c).]	a hilater	ral	0	INTERVAL BETWEEN ONSET AND DEATH
Conditions if any which	Hoheraul	25/5			al least
gove rise to immediate couse (o), stating the under-	van er cocy	( ) de la companya de			1754
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Le nervous	NOT RELATED TO THE TERMI SUSKING E. D. (Enter noture of injury in	scirures		1 (a) 19. WAS AUTOP PERFORMED? YES T
20c. TIME OF INJURY Manth, Doy, Year 20d. INJUI Haur o. m. While ot work to the control of the c	Not while for	ACE OF INJURY (Hame, farm tory, street, affice bldg., etc	20f. (City or tawn)	(0	County) (Sta
- 0		accurred at 6.251	M, fram the cal ADDRESS (Street, city	uses and an the	st saw the decease date stated aba DATE SIGN
ACTUAL SIGNATURE Olive Reid Ho PHYSICIAN'S Olive Reid H	arris, mo	Dwing	S, MIL	LLS Ma	! 1959
229, BURIAL, CREMATION 226. DATE THEREOF 22, REMOVAL (Specify) 5-21-59	Ellingto	R CREMATORY Matte	22d. LOCATION (Cit	Weser	(Stote)
23, PONERAL DIRECTOR'S SIGNATURE Kengleli F. H. 816-H-	ST.N.E. U	240. REC'	D BY REGISTRAR Y 2 5 '59	46. REGISTRAR'S SIC	King



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SELECTION STATE OF A PROPERTY OF A PROPERTY

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# FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the ficale, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ectar. Page 4 should be executed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files. To knowled the the Chief Medical Examiner's Office along with form PM3. And be taken to a burial-transit permit. Find a gogs 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. AISME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5342 Re

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			U	C	3	2	
g.	Dist.	No.					

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1. PLACE OF DEATH o. COUNTY Baltimor	e	MARY	LAND	2. USUAL RESIDENCE o. STATE New	(Where decease	d lived. If institu		ce before	odmission)
b. CITY OR TOWN IIf outside corpora and give nearest fown)  Chase	te limits, write RURAL	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOWN	(If outside corpo	orale limits, write	RURAL ond	give neare	st town)
d. NAME OF HOSPITAL OR INSTI	TUTION (If not in	hospital, give street address	s)	d. STREET ADDRESS		Road	<u>G 7 X</u>	e. YI	IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First ARNOL	Middle D W.		PENSIG	4. DATE OF DEATH	Mont Ma		Doy	Yeor 19 59
5. SEX 6. COLOR WHIT	OR RACE 7. MA	RRIED NEVER MARRIED		DATE OF BIRTH Feb.12. 192		9. AGE (In years fost birthday)	IFUNDER 1	YEAR IF	UNDER 24 HRS ors Min.
10o. USUAL OCCUPATION (Give kind during most of working life, even Physicia	if retired)	06, KIND OF BUSINESS OR I	INDUSTR	Brooklyn,	New Y			S.A.	HAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Samuel  15. WAS DECEASED EVER IN U. S. A	Pensig	16. SOCIAL SECURITY NO.	17 161	Emma M	May				
	r or dates of service)	16. SOCIAL SECURITY NO.		erman's Fla	atbush	Address Mem. Cha	1	Brook New Y	0
5		S CONTRIBUTING TO DEATH					VEN IN PART		ERFORMED?
	D 20b. DESC	RIBE HOW INJURY OCCUR  Airplan			art I or Part II o	of item 18.)			
20c, TIME OF INJURY Month 5:15 p. m. 5/1	V	Od. INJURY OCCURRED 20 While Not while t work at work 1	focto	E OF INJURY (Home, for ry, street, office bldg., et ir over far	tc.)	or lown)	(Coun	lto.	(Stole) Md.
21. I certify that I took opinion death resulted for ACTUAL SIGNATURE STANDAR (Type) Charles	les Fo		lent D	Suicide	Homicide  EXAMINER  CAL EXAMINER	0	, Inquiry ermined m	anner	and in my
220. BURIAL CREMATION, 226. DA		Beth David		CREMATORY		ION (City, town,	or county) Islan		(Slote)
23. FUNERAL DIRECTOR'S SIGNATUR William Cook,		ADDRESS		240. REC	C'D BY REGISTR	AR 24b. REGI	STRAR'S SIGN	NATURE	

MENCAL EXAMINERS CERTIFICATE OF DEATH 5342 Good Company of the Street Williams La College District Control of the Control of t AND THE RESERVE OF THE PARTY OF DIKECTOR: 3 shauld registrar TO FUNERAL page

VS A1S (4) 1SM 9/S8

PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 24a. REC'D BY REGISTRAR

2320 Eutaw Place

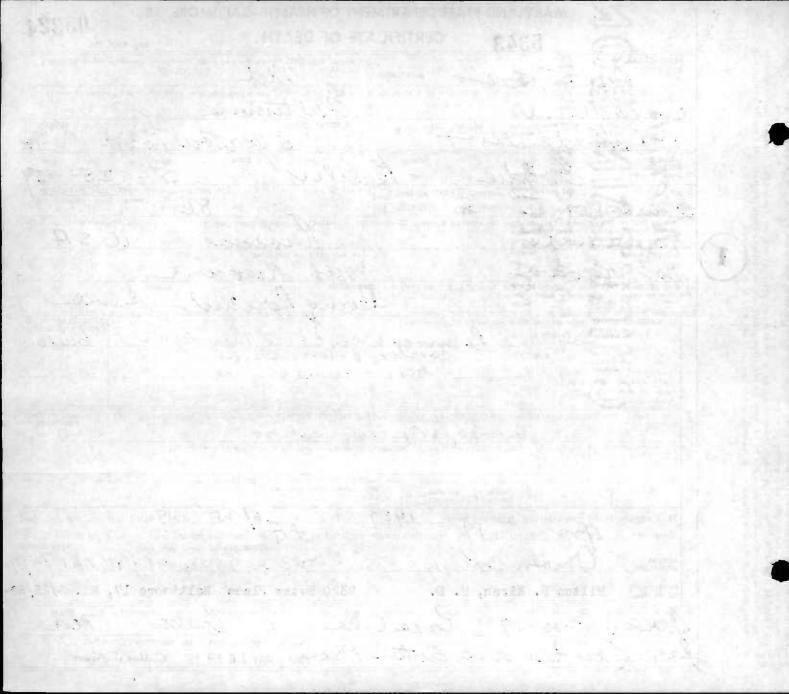
Baltimore 17, Md.

24b. REGISTRAR'S SIGNATURE

arily of three

5/25/59

Milton B. Kirsh, M. D.



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5344 EALTH DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05325

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Raltimore MARYLAND Conn. b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenwich Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 20 Church Street Rural YES NO NAME OF DATE Middle First Year DECEASED DEATH 19 59 WALTER POLLARD May 12. (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE Ile years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX lost birthday) Months Hours white... Oct. 11, 1901 male WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Asst. Exec. Vice Pres. St. Regis Paper Co. N.Y. 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Walter H. Pollard Mary E. Lynch 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address [Yes, no, or unknown] (If yes, give wer or dates of service) Mr. W. Howard - 39 Pine St., Arlington, Mass. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TE NO 200. EXTERNAL CAUSE WAS PRIMARY A CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Airplane crash 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stole) factory, street, affice bldg., etc.) Not while 19 50 at work of work Balto. Md. Air over farm Chase 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S M. B. Davis DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Leominster, Mass. Burial Evergreen 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kraus

40 VS. ATSME 5M 2/57

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Give Pages h form PM3. pages

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TER MEDICAL EXAMINER'S CERTIFICATE OF DEATH Carlotte and the Company of Company of the Company . Bassa , Torrest Lago.

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# FOR STATE HEALTH DEPT.

5346

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the filtiate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral vector. Page 4 should be raided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 05327

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Ba.	Ltimore		MARY		o. STATE	CE (Where dece	b. COUN	tution: Residence be TY	fore odmi	ission)
and give nearest lown	outside corporate limits, writ     156	e RURAL	c. LENGTH OF STAY I	N 16		N (If outside co		e RURAL and give	nearest to	wn)
d. NAME OF HOSPIT.	_	ff not in hor	spitot, give street address	:)	d. STREET ADDRE	ESS	LLGY		ON	ESIDENCE A FARM?
3. NAME OF DECEASED	Fir	12	Middle		Lost	4. DATE	Man	th Doy	Y	fear
(Type or print)	PE	WIN	H. P	OTISE	(POTASH		May	12	2 1	959
5. SEX	6. COLOR OR RACE	7. MARRI	EDE NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE  In years   lost birthday	IFUNDER TYEAR		
M	W	WIDOWE	D DIVORCED	J Se	ept. 4,	1927	31 yrs	Manths Days	Hours	Min.
100. USUAL OCCUPATION during most of working Salesma	g life, even if retired)	done 10b. I	KIND OF BUSINESS OR I	NDUSTRY		State or foreign		12. CITIZEN C		COUNTRY
13. FATHER'S NAME				14	I. MOTHER'S MAID	DEN NAME				
Samu	el Potis	h			E.	thel S	Somerse	t		
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFO	RMANT		Addres	13		153
, , , , , , , , , , , , , , , , , , , ,	(it you, give not or go as o.	as vice,		Mrs	s. Norma	a Potis	sh-46 01	rchid St		
Conditions, if a gove rise to immed (a), stating the cause last.  PART II, OTHER	diate cause DUE TO	)	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE	TERMINAL DISEA	se condition g			PRMED?
PART II, OTH	USE WAS NTRIBUTING []			rash			MESS.			
20c. TIME OF INJUI	RY Month, Doy, Ye		Not while	e. PLACE	OF INJURY (Home, street, affice bldg.	form, 20f. (Ci	ly or town)	(County)		(Slote)
5:15 P. M.	19	While of we			ver farm		238	Balto.		Md.
opinion death  ACTUAL SIGNATURE  EXAMINER'S	resulted fram:	Natural	remains described causes [], Accid	lent X	Suicide L.D. CHIEF MEDIC	apsy , Homicida  AL EXAMINER C  EDICAL EXAMINER  CAL EXAMINER	e , Undet	Inquiry E	er 🔲	d in my
22a. BURIAL, CREMATIC	N. 226. DATE THERE		22c. NAME OF CEMETE	RY OR CR			ATION (City, fown,	or county)	(Stote	e)
REMOVAL (Specify)	May 17.	1959	Custom '	Tail	nrg	West		2.0		
23. FUNERAL DIRECTOR	1	-121	ADDRESS	to the sales of		REC'D BY REGIS		ISTRAR'S SIGNATU		7
H. Sander	& Sons,	Inc.	Baltimo	re, 1	Id. DAT	E MAY 1 5	5 '59	arthur S. H	Aues	

The businesses MADE TO THE THE TARREST OF THE PARTY. Company of the control of the contro I mental at manual of the cold if a Sale Marin at I sugar share soon with the sale and AND DESCRIPTION OF CHARLEST 

VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5347 CERTIFICATE OF DEATH 05328

001.				Reg. Dist. No	
1. PLACE OF DEATH g. COUNTY			re deceased lived. If instituti		
Baltimore	MARYLAND	Maryla	nd b. COUNTY	Allegar	ny
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carporote limits, write F	RURAL ond give ne	arest tawn)
Fort Howard	70 Days	Midlan	d O	1x-2	
d. NAME OF HOSPITAL (If not in haspitol, give street oddr OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Veterans Administration H					YES X NO
R. NAME OF DECEASED (Type or print) ALEXANDER	( Middle (NMI (NMI)	Lost QUINN QUINN	4. DATE Mor		19 5:
Male   6. COLOR OR RACE   7. MARRIED)   White   WIDOWED		B. DATE OF BIRTH 4/8/86	9. AGE (In years lost birthdoy) 73 yrs.	Months Days	IF UNDER 24 HR Hours Min.
0a. USUAL OCCUPATION (Give kind of work dane 10b. KING during most of working life, even if retired)	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State a	r fareign country)		F WHAT COUNT
Laborer Tire	Mfg. Co.	Midlothian	, Maryland	U.S.	A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
JAMES QUINN		MARION	NICHOL		
	IAL SECURITY NO. 17. IN	NFORMANT	Add	ress	
	-07-0055 dlir	.Records, Vets	.Adm. Hospital	.Ft. Howa:	rd.Md.
18. CAUSE OF DEATH [Enter only one cause per line fo					ERVAL BETWEEN
DARK I DEATH WAS GARRED AN		NOMA LEFT UPP	ER LORE WITH	ONS	SET AND DEATH
	LIZED METAS		BIC DODB WILLI		NKNOWN
Conditions, if any, which	HIZED FEIRS	INDID.			
gove rise to immediate					
cause (a), stoting the <u>under-</u> lying cause last.				Michael	
/ (0)	INDUSTRIC TO DEATH BUT	NOT BELLIED TO THE TEXAND			
PART II. OTHER SIGNIFICANT CONDITIONS CONT  CONGESTIVE HEART FA		NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	'EN IN PART 1(a) 1	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	). (Enter noture of injury in Pa	ert I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJUR Haur a. m. While		CE OF INJURY (Home, farm, tary, street, office bldg., etc.)	20f. (City or town)	(County)	(Stat
p. m. 19 at work	Nat while at wark	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21. I certify that attended the deceased f	romFebruary 2	0 19 59 to Ma	v 1 1059	, the objection	kayakayahaya
dixeamacacacacacacacacacatecaca				, DISTALLABORAL	non nun Aunore
	See and mar deam		DDRESS (Street, city or town,		DATE SIG
SIGNATURE Culting a Levando	wshi,	AD. VAH FO		•	
	WSKI, M.D.	VAH, For	t Howard, Md.		5/2/5
220. BURIAL, CREMATION, 22b. DATE THEREOF 220. REMOVAL (Specify)	C. NAME OF CEMETERY OF	CREMATORY 2	22d. LOCATION (City, town,	ar county)	(Stole)
Removal 5-2-59 N	Memorial Ceme	etery	Frostburg	. Maryla	nd
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 9 Harford Ro	240. REC'D		STRAR'S SIGNATUR	
Wm. Cook-Blight. Inc. Ral	timore I	DATE MA	V 7 150		

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

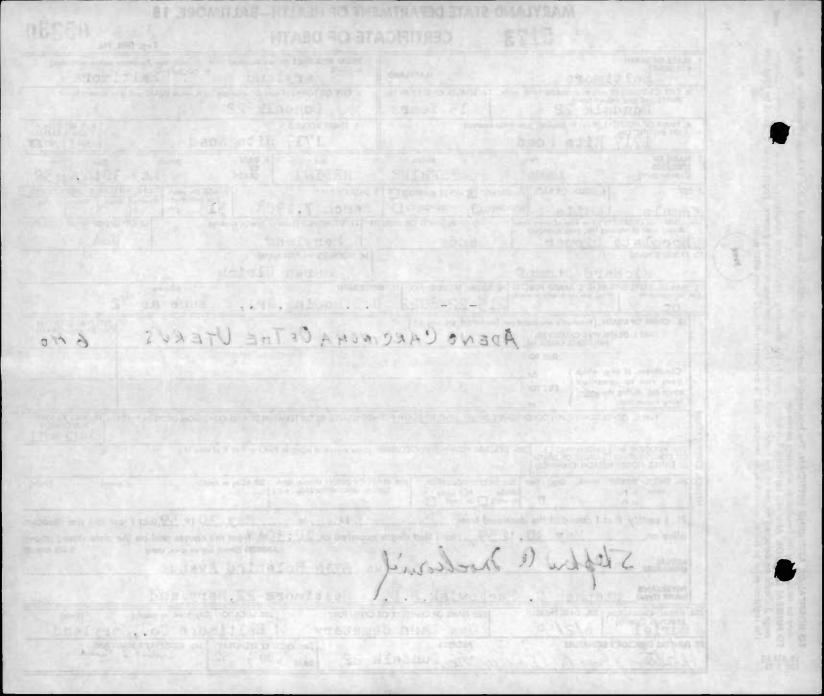
5173 CERTIFICATE OF DEATH

Reg. Dist. No.

		0	5	3	3	1)
it.	No.			_		
-				_		

1.	PLACE OF DEATH	imore		MARY	rLAND 2	USUAL RESIDENCE (W		l lived. If instituti b. COUNTY			
	b. CITY OR TOWN (IF RURAL and give ne	autside corporate limi arest tawn)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corpo				
	d. NAME OF HOSPITA OR INSTITUTION 1717	Rita Ros		address)		d. STREET ADDRESS	Rita	Road			IS RESIDENCE ON A FARM? (ES NO TO
3.	NAME OF DECEASED (Type or print)	ANNA		Middle CATHERI		REDING	4. DATE OF DEATH	Mon		30th	Year 1, 1959
f	emale.	white	WIDOW	tural .	DOI	March 7,19		9. AGE (In years Jost birthdoy) 51 yrs.			UNDER 24 HRS.
	o. USUAL OCCUPATIO during most of worki Chocolate FATHER'S NAME	ng life, even it refired	dane 10b.	Candy		Marylar  Marylar  Mother's Maiden	nd	ountry)		USA	WHAT COUNTRY
		ard Stump		COCINI CECURITY NO		Sarah					
	os, no, or unknown) (	if yes, give wor or dates of s	ervice) 2:	social security no 15-22-602	22 C	E.Reding,	Jr.,	same	as #	2	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Ty, which  mediate  (b)	AI	ne for (a), (b), and (c),	IRC/I	VOMA OF	THE	UTER	15		AL BETWEEN AND DEATH
CERTIFICATION	PART II. OTH					T RELATED TO THE TERM			EN IN PART		WAS AUTOPSY PERFORMED? ES NO
		CAUSE OF DEATH			-15	Enter nature of injury in					
MEDICAL	20c. TIME OF INJURY Hour a. jr. p. m.	Month, Day, Ye	While at wor	NJURY OCCURRED  Not while at work	20e. PLACE foctor	OF INJURY (Home, farm , street, affice bldg., etc	n, 20f. (City	or town)	(Ca	ounty)	(State)
7	21. I certify the alive on	May 30		ed from 59, and that	death of	., 19, to covred at 10:3	ADDRESS (SI	the causes o	ind an the	ast saw e date	the deceased stated above DATE SIGNED
		tephen C		ckowiak, M		Baltimo	re 22,	Maryla	nd		
	REMOVAL (Specify) Burial	6/2/59	OF .	Oak Law				ion (City, town, cimore (	• • •	ary	(Stote) Land
23	Valler K	roals 14	adle	ADDRESS Dun	dalk		D BY REGIST	rar 24b. REGIS	STRAR'S SIGI	NATURE . Than	A

VS A15 (4) 15M 9/55



# FOR STATE HEALTH DEPT

5348

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the fricate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funer ector. Page 4 should be a warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Pan	Diet	No	. (1	W)	. 1	U	3

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P-117-107-0					O MICHAL BECIDENICE	M/horn dannered l	lived. If institu	stinn. Residence	hefere ade	nission)
	LACE OF DEATH	imore		MARYLAND	2. USUAL RESIDENCE (	Jersey	b. COUNT		perore don	
ь	CITY OR TOWN IN		e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		te limits, write	RURAL and giv	ve nearest li	own)
	and give nearest town) Chas				Madi	son	10	7x-3		(
d			(If not in hosp	pital, give street address)	d. STREET ADDRESS		- 6	1 / .		RESIDENCE
	Rura	1			10 R	idgedale	Avenue	9		NO [
3. 1	NAME OF DECEASED	Fi	raf	Middle	Lost	4. DATE OF	Montl	h C	Doy	Year
	Type or print)	H e	enry	J·	REED	DEATH	May	12	2,	1959
5. S			7. MARRIE	D T NEVER MARRIED 8.	DATE OF BIRTH	9.	AGE (In years	IF UNDER TYE		-
	MALE	WHITE	WIDOWED	DIVORCED [	July 23,191	17	out birthday)	Months Day	rs Hours	Min.
10a.	USUAL OCCUPATIOn wing most of working Engineer	N (Give kind of work life, even if retired)	done 10b. Ki	IND OF BUSINESS OR INDUST lief Chemical		e or foreign countries. N			S.A.	COUNTRY
13.	FATHER'S NAME		As I		14. MOTHER'S MAIDEN	NAME				
		Claire Re	eed		Laura Wi	illiams				
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO. 17. IN	IFORMANT		Address			
ires.	Yes	We We II T	Identical	Dif	fily Funera	al Home,	Ruthe	erford,	New	Jerse
	PART I. DEAT	H WAS CAUSED BY:	Mult	or (o), (b), and (c).]	njuries			C	NTERVAL BETY DNSET AND DI	FATH
FICATION	PART I. DEATI  SC/X  Conditions, if an gove rise to immedi (a), stoling the u course last.  PART II, OTHI	WAS CAUSED BY: MMEDIATE CAUSE (of DUE TO y, which of couse (of nderlying) CER SIGNIFICANT CON	Mult	ntributing to DEATH BUT N	OT RELATED TO THE TERA				DISET AND DI	
L CERTIFICATION	PART I. DEATI	WAS CAUSED BY: MMEDIATE CAUSE (a  DUE TO  y. which ofe couse Inderlying (c)  ER SIGNIFICANT CON  SE WAS	Mult	ntributing to DEATH BUT N HOW INJURY OCCURRED. (E	OT RELATED TO THE TERA  nter noture of injury in Pa  ne crash	ort I or Part II of i	tem 18.)		DISEY AND DI	AUTOPSY ORMED?
	PART I. DEATI  Canditions, if an gove rise la immedi (a), stating the w cause last.  PART II. OTHI  20a. EXTERNAL CAU PRIMARY 30 or CAU	WAS CAUSED BY: MMEDIATE CAUSE (a  DUE TO  y, which ofe couse nderlying  CR SIGNIFICANT CON  SE WAS TRIBUTING   2	) Mult	NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  Airplar  NJURY OCCURRED  NJURY OCCURRED  NJURY OCCURRED  NJURY OCCURRED  O	OT RELATED TO THE TERA  nter noture of injury in Pa  ne crash	m, 20f. (City or	tem 18.) Iown)		O) 19. WAS	AUTOPSY ORMED?
MEDICAL CERTIFICATION	Canditions, if an gove rise to immedi (o), stoting the u couse last.  PART II, OTHI  20a. EXTERNAL CAUPRIMARY TO OF CON CAUSE OF DEATH.  20c. TIME OF INJUR  HOUT XACAC  1 P. m.	WAS CAUSED BY: MMEDIATE CAUSE (a  DUE TO  y, which ote couse nderlying  DUE TO  (c)  CR SIGNIFICANT CON  SE WAS TRIBUTING   Month, Doy, Ye  5/12  19	) Mult ) DIDITIONS CO  Ob. DESCRIBE  or 20d. If  While of wor	NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  Airplar  NJURY OCCURRED  NJURY OCCURRED  NJURY OCCURRED  NJURY OCCURRED  O	not related to the term  noter noture of injury in Po  ne crash  TE OF INJURY (Home, for  ry, street, office bidg., etc.  r over farm	m, 20f. (City or	iem 18.) Iown)	VEN IN PART 1(c	O) 19. WAS	AUTOPSY ORMED? NO (State)
	Canditions, if an gove rise to immedito, storing the weather the storing the weather the storing the s	WAS CAUSED BY: MMEDIATE CAUSE (a  DUE TO  y, which ole couse nderlying  ER SIGNIFICANT CON  SE WAS TRIBUTING   Month, Day, Ye  5/12 19  pt 1 took charge	Multi	NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  Airplar  NJURY OCCURRED  NJURY OCCURRED  NJURY OCCURRED  OCCURRED  Airplar  NJURY OCCURRED  Airplar	nter noture of injury in Pone crash  The of INJURY (Home, formy, street, office bidg., etc.)  The over farm over, held an Autop.  M.D. CHIEF MEDICAL E	m, 20f. (City or Cha sy X, Insp Homicide	tem 18.) town) .se ection [],	(County)  Balto	D) 19, WAS PERFO YES D	AUTOPSY ORMED? NO (State)
	Canditions, if an gove rise to immediate, storing the u course last.  PART II, OTHI  20a. EXTERNAL CAUPRIMARY TO or CONCAUSE OF DEATH.  20c. TIME OF INJURE HOUR XXXXI 21. 1 certify the opinian death in	WAS CAUSED BY: MMEDIATE CAUSE (a  DUE TO  y, which ole couse nderlying  ER SIGNIFICANT CON  SE WAS TRIBUTING   Month, Day, Ye  5/12 19  pt 1 took charge	Multiple Mul	NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  Airplar  NJURY OCCURRED 20e. Plan  rk ol wark A  emains described aba  auses Accident [	not related to the term  the crash  the crash  the of Injury (Home, formy, street, office bidg., etc.)  the over farm  the over, held an Autop.  Suicide ,	m, 20f. (City or Chasy K., Insp. Homicide	tem 18.) town) .se ection [],	(County)  Balto	D) 19, WAS PERFO YES D	AUTOPSY ORMED? NO (State) Md.
MEDICAL	Conditions, if an gove rise to immediate, storing the viceuse last.  PART II, OTHI  20a. EXTERNAL CAUPRIMARY TO or CONCAUSE OF DEATH.  20c. TIME OF INJURE HOUR XXXXI 21. 1 certify the opinion death is SIGNATURE  EXAMINER'S	WAS CAUSED BY: MMEDIATE CAUSE (of DUE TO y, which oto couse nderlying DUE TO (c R SIGNIFICANT CON SE WAS TRIBUTING []  Month, Day, Ye  5/12 19 at 1 took charge esulted from: Charles C	Multiplians CO Ob. DESCRIBE Or 20d. II S9 of wore e of the ri Natural co O' Donne	NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  Airplar  NJURY OCCURRED 20e. Plan  rk ol wark A  emains described aba  auses Accident [	not related to the term  not related to the term  not crash  to of injury (Home, for, or, sireet, office bidg., etc.)  relation of the property of the propert	m, 20f. (City or Chassy K.) Insp Homicide C EXAMINER C EXAMINER C 22d. LOCATION	lown) SO section	(County)  Relto Inquiry	DATE	AUTOPSY ORMED? NO (State) Md e nd in my
MEDICAL	PART I. DEATH  Canditions, if an gove rise to immedi (o), stoting the u couse last.  PART II, OTHI  20a. EXTERNAL CAU PRIMARY TO or CON CAUSE OF DEATH.  20c. TIME OF INJUR HOUT XACK 5:15 p.m.  21. 1 certify the opinion death is  EXAMINER'S NAME (Type)  BURIAL, CREMATION REMOVAL (Specify)  REMOVAL (Specify)  FUNERAL DIRECTOR'S	WAS CAUSED BY: MMEDIATE CAUSE (of DUE TO y, which ole couse inderlying  WAS R SIGNIFICANT CON  SE WAS TRIBUTING   Month, Day, Ye  5/12  19 Dut 1 took charge esulted from:  Charles  Charles  U  22b. Date There 5-14-5 SIGNATURE	Multiplians CO Ob. DESCRIBE OF 20d. If White of wor e of the r. Natural co O' Donne OF	NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  Airplar  NJURY OCCURRED  The of work Air  emains described aba  auses , Accident [  Dounce]  All, M.D.  22c. NAME OF CEMETERY OR	not related to the term  not related to the term  not crash  to of injury (Home, for only, sireet, office bidg., etc.  rover farm  ve, held an Autop.  X., Suicide ,  ASSISTANT MEDICAL E  ASSISTANT MEDICAL  CREMATORY  emetery	m, 20f. (City or Chassy K.) Insp Homicide C EXAMINER C EXAMINER C 22d. LOCATION	lown)  Se section [], Undete	(County)  Balto Inquiry	DATE  DATE  Care  Care	AUTOPSY ORMED? NO (State) Md e nd in my

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after death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

ed by the haspital ar ottending physician.

VS A15 (4) 15M 9/58

page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. the registrar priar to burial, crematian, ar remaval, and in any event within 72 hour after death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 5349

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA		o. STATE	ence (who		b. COUNT	_		re admissi LMOPE	
b. CITY OR TOWN RURAL and give to Towson		s, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TO		utside corpoi	rate limits, write	RURAL ond	give nee	arest town	.)
OR INSTITUTION	ITAL (If nat in haspital, gi	ve street (	address)		d. STREET AI	obress chard	Road					FARM?
3. NAME OF DECEASED (Type or print)	Firs ERMA		Middle REES	SE	Last		4. DATE OF DEATH	May 28		59	,	Year
5. SEX Female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		date of Birth			9. AGE (In years last birthday) yrs	IF UNDE Months		Hours	R 24 HRS. Min.
10a. USUAL OCCUPATI	ON (Give kind of work d rking life, even if retired)		KIND OF BUSINESS OR M Home	INDUSTR	Y 11. BIRTHPLA Mary		or foreign co	ountry)		JSA	FWHATC	OUNTRY?
13. FATHER'S NAME Charle	s Royston				14. MOTHER'S			nn Pereg	ory			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORG (If yes, give wor or dates of se NONO	rvice)	SOCIAL SECURITY NO.		ORMANT Virgin	nia R.	Char	kson, To	dress WSON,	Md		
Conditions, if gove rise to cause (o), stoting lying cause lost	immediate (b)	MY	RA MU	RA	IMFA	LOT	TON	- CONDITION C	VENTINI DA	2	WK	15.
20a. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING CONTINUES OF DEATH AND MEDICAL EXAMINER)	- 51	CRIBE HOW INJURY OCC						VEN IN PA	(KT T(G)	PERFO	RMED?
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yea	While	Nat while of work		E OF INJURY (H ry, street, affice			or town)		(County)		(State)
21. I certify the alive an actual signature.  PHYSICIAN'S NAME (Type)	hat I attended the 28  C. Swi	195 MISI	g, and that d	death a		439 1. PE	ADDRESS (SI	the causes a reet, city or town	nd an th			
220- BURIAL, CREMATI REMOVAL (Specify BUTIAL	ON, 22b. DATE THEREO		22c. NAME OF CEMETI					imore, l			(Stat	e)
23. FUNERAL DIRECTO	R'S SIGNATURE	wson	ADDRESS Merryl end			24a. REC'L	BY REGIST	RAR 24b. REC	ISTRAR'S S	IGNATU		

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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH O COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Who. STATE	h COUNT	viioni Residence before admission) Y
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 3 YEARS-3MC		outside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	THORE	5 VO 1, 4
OR INSTITUTION ASONIC HO			UNBRIDG	ONLA FARMS
3. NAME OF DECEASED (Type or print) MARGARET	Middle J.	REINEHART	4. DATE MO OF DEATH MA	onth Doy Yeor Y 3 1959
5. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH 12-25-187	9. AGE (In year lost birthday)	
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
ALBERT ALLA			ETISUBE	TH WILSON.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	Frank K.	Smith In	Cerckenille?
18. CAUSE OF DEATH [Enter only one cause per list PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).}			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which)  (b)	rterio De	levotie Ca	de	3 yrs.
gave rise to immediate couse (a), stating the <u>under-lying couse last.</u>		cular D	rease	0
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition g	IVEN IN PART I(d) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in f	Port I or Part II of item 18.)	
Hour o. m. While	NJURY OCCURRED 20e. Pi Not while k ot work	LACE OF INJURY (Hame, farm octory, street, office bldg., etc.	. 20f. (City ar town)	(County) (State)
21. I certify that I oftended the deceas alive on		occurred of 1/55		Athat I lost sow the deceased and on the date stated above.
ACTUAL Walku /	· /Cees	M.D. Cockey	welle, me	d. 5/3/59
PHYSICIAN'S Walter T. K	ees	Cockeys	ville, Md	
220. BURIAL, CREMATION, 22b. DATE THEREOF 5-6-59	22c. NAME OF CEMETERY C Druid Ridge		22d. LOCATION (City, town Pikesville	
23. FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217 St. Pau	ADDRESS		BY REGISTRAR 246. REC	GISTRAR'S SIGNATURE Girthur S. Kraug

OF DEATH	CERTIFICATE
	Fig. 19 Company Compan
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	Table Constitution Company
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VS A15 (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5357 CERTIFICATE OF DEATH

1	1. PLACE OF DEATH		VOI			2. USUAL RESID	DENCE (Wh	ere deceased			n: Residence	e befare adm	ission)
1		ltimore		MARY	YLAND		Marvl	and	b. CO	JNTY			
/	b. CITY OR TOWN ( RURAL ond give n	If outside carparate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corpo	rate limits, w	rite RUI	RAL ond gi	ve nearest to	wn}
	Fort How			94 Days		]	Balti	more	1	3V	0/-	4	
0	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ive street or	ddress)		d. STREET A							ESIDENCE A FARM?
0	Veterans	Administra	tion	Hospital		2802	W. H.	arlem	Avenue				NO XX
	3. NAME OF DECEASED	Fir	sf	Middle		Lost		4. DATE OF		Month		Day	Yeor
	(Type or print)		STON	J.		EYNOLDS		DEATH	ı	IAY	3	3	19 59
	5. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRI	IED B.	DATE OF BIRTH	1		9. AGE (In y		The second second	YEAR IF UN	
	Male	Colored	WIDOWED			7/29/00			52	yrs.	Months [	Days Hour	s Min.
	10a. USUAL OCCUPATION during most of wor	ON (Give kind of work of king life, even if retired)	lone 10b. K	IND OF BUSINESS C	DR INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)		12. CITIZ	EN OF WH	T COUNTRY?
	Laborer		Ci	ty of Balt	timor	e Balti	imore	Mary	land		U.S	A.	
1	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		. 3			
	JO:	and a sound of a second				MAI	RY HOO	OPER					
N.	15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (if yes, give war or dates of si	CES? 16. Si	OCIAL SECURITY NO	). 17. INF	FORMANT	3146			Addres	is.		
1	Yes	WW II		0-08-4082	Cli	n.Record	ls.Vei	s.Adm	Hospi	tal	Ft.H	loward.	Md.
	Canditions, if a gave rise to i couse (o), stating lying couse tast.	mmediate the under-	DISE	ASE.								UNKNO	
	PART II. OT	HER SIGNIFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN	IN PART	PERI	ORMED?
	200. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCR	RIBE HOW INJURY O	CCURRED.	(Enter noture of	injury in P	ort I or Part	Il of item 18	-)		153 [	_ NO.E.A.
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While	Not while	20e. PLAC focto	E OF INJURY (Horry, street, office	lome, form, bldg., etc.	20f. (City	or town)		(Co	unty)	(Stote)
/	ACTUAL SIGNATURE PHYSICIAN'S	Laurence	Their .	Such Q	death c	DVAH,	9:05 FORT	AM From	the caus	es an	d an the	date sta	ted above.
-	NAME (Type) T						FORT	HOWA	RD MA	RYL	AND	5/	3/59
-	220. BURIAL, CREMATIC REMOVAL (Specify) Burial	May 6,1		Baltimore					ion (city, 16 timore				ote)
2	Arlington	S. Phillips	18 Ba	308 N. Mon	roe S	Street	24o. REC'D	A PREGIST			AR'S SIGN		

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
	CERTIFICATE	OF DEATH	

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		ე.	352	CE	KIIFICA	AIE O	DEATE		3-0.000	Reg. Di	st. No.		
	PLACE OF DEATH o. COUNTY Bal	to.			MARYLAND	2. USUAL o. STAT		here decease	d lived. If instituti b. COUNTY		to.	e odmis	sion)
	b. CITY OR TOWN (I RURAL and give no	f autside carparate limits, carest tawn)	write	c. LENGTH O	F STAY IN 16	c. CITY		outside corpo	orate limits, write R	URAL and	give nea	rest taw	n)
	d. NAME OF HOSPI OR INSTITUTION House in	At I fnot in hospitol, given the Pines	e street	oddress)		d. STRI	ET ADDRESS	erbroo		7		ON A	SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	MARTIN First			Middle R	HODE,J	last P 6	4. DATE OF DEATH		ay	Da:	3,	Yeor 19 59
	male	white v	VIDOW		VORCED [		, 1870		9. AGE (In years last birthday) 9 yrs.	Months	Doys	IF UND Hours	Min.
100	during most of work  Partner	ON (Give kind of work do king life, even if retired)	ne 10b.		Bros.	STRY 11. BIS		ar fareign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
13.	FATHER'S NAME			141040 1	22 000	7	ER'S MAIDEN I	NAME				-	
		hode					argaret	000 000					
		R IN U. S. ARMED FORCE (If yes, give wor or dates of serv		SOCIAL SECUR	ITY NO. 17.	NFORMANT			Add	ress			
	no				M	r. W.	Allen R	hode -	- 13 Over	brook	Rd	#	28
		TH [Enter only one coust TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	e per lin	ne for (0), (b), o	ind (c).]	fail	ne				INTE	RVAL BE	TWEEN
	Conditions, if a		Pa	mia.	tie	Car	cino	10-					
	gave rise to i cause (a), stating lying cause last.	the under- DUE TO (c)_											
CERTIFICATION	PART II. OTH	Lerzos a	le	ONTRIBUTING	TO DEATH BUT	Can	Dio THE TERMI	T and	E CONDITION GIV	EN IN PAR	(a) 11	PERFC	AUTOPSY ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   2 CAUSE OF DEATH MEDICAL EXAMINER)	06. DES	RIBE HOW IN	IURY OCCURRE	D. (Enter nat	ere of injury in	Part I or Par	t II of item 1B.)	15			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Year 19	20d. It White at war	UURY OCCURR Not while at work		ACE OF INJU clary, street,	IRY (Home, form office bldg., etc	n, 20f. (City	or tawn)	(	County)		(State)
	21. I certify the alive an	at I attended the a	lecease , 195	-	that death				n the causes of treet, city or town,	and an t		e state	
	PHYSICIAN'S NAME (Type)	JN Fred	lev	ick	nn	M.D	105 Fr	dncc	s Ave I	Balto	2	) /	LM
220	BURIAL, CREMATIO			22c. NAME O	F CEMETERY C				TION (City, town,	or county)		(Stat	e)
	Burial	15/11/59			raine P	ark Ce			il awn, Md				
23.	FUNERAL DIRECTOR	Tickues	- Yx	Sous-	But	1017	240. REC'	D BY REGIST		STRAR'S SI			

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of allower tell ( or Jacobson and allowers tell) ( or Jacobson and	

	MENT OF HEALTH—BALTIMORE, 18 CATE OF DEATH Reg. Dist. No. 05336
1. PLACE OF DEATH O. COUNTY  Baltimore  MARYLAND	Maryland Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  TOWSON	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  55  TOWSON
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 202 Murdock Road	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF First Middle OF DECEASED (Type or print) Charlies Spurlock Rh:	
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     Male   White   WIDOWED   DIVORCED	Dec. 12, 1901 Syrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Sales Production Mgr. Bussiness P	77 0 4
(Yes, no, or unknown) (If yes, give war or dates of service)	Missie Manes  Mrs. Regina E. Rhudy as above
18. CAUSE OF DEATH [Enter only one couse per lip of (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the <u>under-lying couse lost.</u> (c)	y Declusion INTERVAL BETWEEN ONSET AND DEATH  v - feleroses 5 year
	OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	RED. (Enter nature of injury in Port I or Part II of ilem 18.)
	PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.) (City ar town) (County) (State)
21. I certify that I attended the deceased from July alive an 30 Way 1959, and that dep	19. 19. 3. to 3.6 May, 19. 19 That I last saw the decease of the accurred at \$1.00 AM, from the causes and an the date stated above ADDRESS (Street, city or lown, stote)  DATE SIGNED

Chanles. H. TreienM.D PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify)
Burial
6/1/1959

23. FUNERAL DIRECTOR'S SIGNATURE

22d. LOCATION (City Jown, or county)

Woodlawn Md.

Woodlawn Cemetery 240. REC'D BY REGISTRAR
DATE JUN 1 '59

24b. REGISTRAR'S SIGNATURE Circling S. Krous

(Slote)

22c. NAME OF CEMETERY OR CREMATORY

	MARYLAND STATE DEFARTMENT OF PLACEMENT AND TO STATE OF STATEMENT OF PLACEMENT AND STATE OF STATEMENT OF PLACEMENT OF STATEMENT OF STATE
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# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. O FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL OR may be retain

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 525%

05337

VUL	J 84			Keg. Dist. No	
1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Md.	there deceased lived. If institution b. COUN		ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 812 Regester Ave.	c. LENGTH OF STAY IN 16	- m + .	outside corporate limits, write	RURAL and give ne	rarest town)
d. NAME OF HOSPITAL (if not in hospital, give stre	et oddress)	d. STREET ADDRESS 562 W. Uni	versity Parkw	ay	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Annette	Middle Simpson	Ricards	4. DATE MOST MAY	lonth 26,	19 Year
Tr 1 100	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 1, 1883	9. AGE (In year lost birthdoy	) Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	)b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State Baltimore,	or foreign country) Md •	12. CITIZEN C	OF WHAT COUNTRY
John A. Simpson		Mary Quint	NAME L		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?    Yes. no. or unknown)   (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. I	rold A. Ricar	ds Jr. 255 Ca	ddress	Rd. N. J.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying cause last.  Part II. OTHER SIGNIFICANT CONDITION	Lanimome  S CONTRIBUTING TO DEATH BUT	6	AINAL DISEASE CONDITION O		SET AND DEATH
	ESCRIBE HOW INJURY OCCURRE			TVERV IN PART I(O)	PERFORMED? YES NO
UF EITHER, NOTIFY MEDICAL EXAMINER)	. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for ctory, street, office bldg., etc.	m, 20f. (City or town)	(County)	(Stole)
21. I certify that I attended the decer	ased from		MMy 26, 195, M, from the causes ADDRESS (Street, city or tow	and on the da	
PHYSICIAN'S Frank Leslie		2929	N. Charles S	t.	
220. BURIAL, CREMATION, 22b. DATE THEREOF May 29, 195	9 Green Mount	R CREMATORY	22d. LOCATION (City, town Baltimore,		(Stote) Md.
23. FUNERAL DIRECTOR'S SIGNATURE  John O. Mitchell & Sons I	ADDRESS no. 1900 Eutaw		and the second second	GISTRAR'S SIGNATU	

VS A15 (4) 1SM 10/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

5355 CERTIFICATE OF DEATH

05338

	1. PLACE OF DEATH o. COUNTY  Ballimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE  b. COUNTY  Jacoba
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Cally Succession	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CURST FILLENDShip 13 x - 2
090	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION AND THE METERS OF THE M	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO
	3. NAME OF DECEASED (Type or print) Elsel Emma R	edgely 4. DATE Month Day Year OF DEATH MALL 17 1959
	S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  OCT. 6, 1883  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Haurs Min.
1)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. A
	13. FATHER'S NAME ( AMOSS)	Elma J. Flazer
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes. no. or unknown) (If yes. give wor or dates of service)	NFORMANT Johnson - Mariettsville, yard.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost.  (c)	pleaton failur ONSET AND DEATH
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Haur o. m. 19 of work of work 20d. INJURY OCCURRED fa	ACE OF INJURY IHome, form, ctory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I attended the deceased from I an olive on 17 May 19 9, and that deoth ACTUAL SIGNATURE MACHINES WILLIAM I Bryso M	n occurred of A LSAM, from the couses and on the date stated above.  ADDRESS (Street, city or town, state)  Balto 29, Md:  17 May S
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF THE WORLD STREET ST	eu- alpha, Howard to med,
R	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS' ADDRESS' SHELLE ,	MAY 1 9 '59 246. REGISTRAR'S SIGNATURE Only & Thomas

ss )		MONTH OF THE PARTY	
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Market Converse of the Converse	ed over policy (2)	and the state of t	

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05339

Reg. Dist. No.

1.	o. COUNTY Bal	timore	51	74 MARYLAND		Maryl		b. COUNTY B		before admission)
	b. CITY OR TOWN (IF and give nearest fown) Dundalk	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside corporate I			
			If not in he	ospitol, give street address)	d. STREET A	DDRESS			- 11	e. IS RESIDENCE
	10 Dunma	anway				19 No	rthship	Road		YES NO
3.	NAME OF DECEASED	Fir	si	Middle	Lost	4	. DATE	Month	De	y Year
	(Type or print)	JOHN	M	ARSHALL RO	BINSON	sr.	OF DEATH	May	6t	h, 1959
5.	. SEX	6. COLOR OR RACE	7. MARR	RIED THE NEVER MARRIED TO	. DATE OF BIRTH		9. AGE	(In years IF UI	NDER TYEA	
	male	white	WIDOW	ED DIVORCED	Novemb	er 15	,1890	68yrs. Mon	ths Days	Hours Min.
10	during most of workin Checke	g life, even if retired)	dane 10b.	Steel		,	New Yor		USA	OF WHAT COUNTRY?
1	3. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME			
4		Unknown				Unk	nown			
	5. WAS DECEASED EVI	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. I	NFORMANT			Address		
L	no	(1) you give man or outs or		213-07-7202	Cather	ine E	Robins.	son sa	me a	s #2
	PART I. DEAT	TH [Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	10		Eclu	sin				TERVAL BETWEEN NSET AND PEATH
	Canditians, if ar	liate couse								
	(o), stating the state of cause last.	(c)								
2	PART II. OTH			ONTRIBUTING TO DEATH BUT I	OT RELATED TO	THE TERMIN	ALDISEASE COND	ITION GIVEN IN	PART 1(o)	19. WAS AUTOPSY
1										PERFORMED?
CERTIFICATION		SE WAS	6. DESCRI	BE HOW INJURY OCCURRED. (E	inter nature of In	ury in Part I	ar Part II of item	18.)		
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	Whi		CE OF INJURY (Hory, street, affice	lome, form, bldg., etc.)	20f. (City or town	n}	(County)	(State)
	21. 1 certify th	at I taak charge	of the	remains described abo	ve, held an	Autapsy	, Inspect	ian 🗶 In	quiry [	, and find that
	death resulted	From: Natural	causes	, Accident , Sui	cide, H	amicide	, Undeter	mined cause		
	ACTUAL	achl	1h	llu-	M.D. CHIEF M	EDICAL EXA	MINER			DATE SIGNED
	EXAMINER'S NAME (Type)	Jack C.Co	11 <b>1</b> r	ns,M.D.		NT MEDICAL MEDICAL EX	EXAMINER AMINER		5	5/8/59
27	REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY OR	CREMATORY	2	22d. LOCATION (C	ity, tawn, or cou	nty)	(State)
	Burial	15/9/59		Meadowridge	Memori	al	Dorsey	Maryla	and	
23	Laller A	rools bu	ade	Dunda:	lk 22	24a. REC'D DAHAY 1		246. REGISTRAR		

VS. A15ME(5) 5M 9/55

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	posterior dago est	
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		E William to Albert The
		FOR THE RESERVE TO SERVE THE PROPERTY OF THE PARTY OF THE
	neg.vegal i ialvarei Mari limbilwan el	TO THE PARTY OF TH

Hartord Road

05340

e. IS RESIDENCE

ON A FARM? YES NO PEX

Year

19

same

PERFORMED? YES NO T

(Stote)

DATE SIGNED

(Stote)

(County)

246. REGISTRAR'S SIGNATURE

emeter

24a. REC'D BY REGISTRAR

INTERVAL BETWEEN ONSET AND DEATH

Reg. Dist. No.

Months

timore

Day

IFUNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

VS A15 (4) 1SM 9/5B

and the state of t Lett good gifte seying Descriptions of present the second of the se the stand in the part of the standard of the s

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5357 **CERTIFICATE OF DEATH** Reg. Dist. No. of director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore o STATE Maryland b. COUNTY Baltimore MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town) Baltimore ploods lweek Freeland d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HOUSE In The Pines Nursi d. STREET ADDRESS The Pines Nursing Home Freeland, Md. NAME OF 4. DATE Middle DECEASED MINNIE DEATH May 14,1959 ROBINSON (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Female WIDOWED A DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWITE Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John J. Wigginton Martha P. Shumate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs. Edna R. Pittinger, Bentley Springs, Mo None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Not while of work 5 - 14 -, 1957, that I last saw the deceased 21. I certify that I attended the deceased fram,\_ \_, and that death occurred at 10.2014M, from the causes and on the date stated above. 220. BURIAL CREMATION, 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Loudon Park Cem. Baltimore, Md.

Wm Cook-Towson, Inc. York Rd. Towson 4, Md on 16

. IS RESIDENCE ON A FARM

YES NOX

Year

19

INTERVAL BETWEEN ONSET AND DEATH

2 da

PERFORMED? YES NO

(Stote)

USA

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE

TE OF DEATH	SET CERTIFICA	
CHARLES THE RESERVE OF THE RESERVE O		are dell'interna
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		A STATE OF THE STA
	CHARLES MES	CHINATE LICES SES DURING RI SUNT TO PERSON
	STREET, SECTION .	Mar Cook - Toward Land

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

VS A1S (4) 1SM 9/S8

er death. Poge 4

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5358 CERTIFICATE OF DEATH

Reg. Dist. No. 05342

1. PLACE OF DEATH	Baltimore		MARYLAND	2. USUAL R			lived. If instituti b. COUNTY	on: Residence be	fore admiss	
b. CITY OR TOWN I RURAL ond give of Riderwo	9	, write c. LENG	TH OF STAY IN 1b	_	or town (If o		ote limits, write R	URAL and give r	nearest town	n)
d. NAME OF HOSPI OR INSTITUTION 1803 W.	TAL (If not in hospital, given Joppa Road	re street oddress)		/	T ADDRESS  W. Jo	ppa Ros	ad			SIDENCE A FARM? NO E
3. NAME OF DECEASED (Type or print)	A. Lo	ORETTA	Middle ROGERS		Last	4. DATE OF DEATH	May 27,		,	Year 19 59
s. sex Female		7. married 🗌 N WIDOWED 🗍		8. DATE OF E	, 1895	9	AGE (In years lost birthdoy) 64 yrs.	Months Doy:	_	ER 24 HRS. Min.
10a. USUAL OCCUPATI during most of wor Homemake 1	ON (Give kind of work do rking life, even if retired)		BUSINESS OR INDU		HPLACE (Stote Marylan		untry)	12. CITIZEN	OF WHAT O	COUNTRY?
13. FATHER'S NAME Peter	Rogers			14. МОТН	Delia		n			
1S. WAS DECEASEDEV (Yes, no. or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of ser None			nformant na R. I	Rogers,	Rider	wood, Me			
Conditions, if of gove rise to couse (o), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)	immediate (	Auteri Auteri	estive in Myo TING TO DEATH BU	Hed Cors	liol TO THE TERMI	Tes Serfi NAL DISEASE	arte	VEN IN PART 1(o)	PERFO	AUTOPSY ORMED?
OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJU Hour o. m. p. m.	G CAUSE OF DEATH	20d. INJURY OC	while fo	ACE OF INJU	re of injury in I RY (Home, farm ffice bldg., etc.	, 20f. (City	5	(Count	(y)	(Stote)
21. I certify to olive on	lay 15 lay 15 To 7 Ses		and that death	M.D.		CARL CARL STREET		that I lost so ad on the do state)	te stote	
REMOVAL (Specify Burial	May 29, 1	959 Mt.	Me of CEMETERY C		Υ	22d. LOCATI		land	(Sto	te)
John Burns	r's signature S' Sons. Tow		oress Vland		240. REC'I	D BY REGISTR		Lithun S. H		

erould in		v	Manufacture and the second
	Activity 11		indicard in
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	to the state of th		

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VS A1S (4) 15M 9/SS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5175

CERTIFICATE OF DEATH

05343

Reg. Dist. No

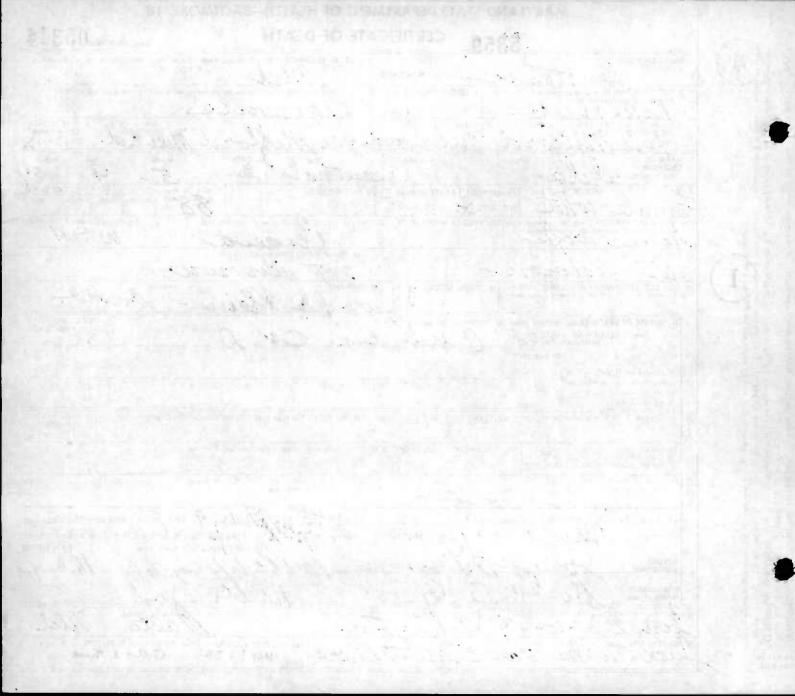
1. PLACE OF DEATH o. COUNTY Bal	Ltimore		MARYL		D. STATE	ence (Whe	-	d lived. If insti b. COUN	ITV	ence befor		on)
b. CITY OR TOWN (IF RURAL ond give nec	arest town)	s, write c.	LENGTH OF STAY		Balti			rote limits, writ	e RURAL one	d give nea	rest town	)
d. NAME OF HOSPITA OR INSTITUTION	LO Murdoc			- 1	d. STREET AL		dock	Rd.				FARM?
3. NAME OF DECEASED (Type or print)	Fir	it	Middle	Rolle	Lost		4. DATE OF DEATH	1	Month 5-28-	.59 Do	y Y	reor
5. SEX male	6. COLOR OR RACE  white		NEVER MARRIE	D 8. D/	TE OF BIRTH			9. AGE (In year lost birthdo	ors IF UNDI	ER TYEAR		
10a. USUAL OCCUPATION	N (Give kind of work on g life, even if retired	ione 10b. KIN		ructi	11. BIRTHPLA	C1	cero	ountry)	12. C	U.S.		COUNTRY
	rick Roll					ara l	Kelle					
15. WAS DECEASED EVER (Yes. no. or unknown)  XX Yes	f yes, give war or dates of si		7-05-83	17. INFOR	n M.	Roll	er		OV C			
Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	mediote (	a	taxiosc	TH BUT NOT	RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION	GIVEN IN PA	ART 1(0) 1	9. WAS A	AUTOPSY
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING  CAUSE OF DEATH		BE HOW INJURY OF								PERFO	RMED?
20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Yes	While of work	Not while		OF INJURY (H street, office			or town)		(County)		(Stote)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	AURENCE	deceased 19 J	from flee.  I god that  M. Host	deoth acc	, 19. 17 curred of			the couse				
220. BURIAL, CREMATION REMOVAL (Specify)	5-30-59		2c. NAME OF CEME Prospect		EMATORY		22d. LOCAT	son 4,		)	(Stote	e)
23. FUNERAL DIRECTOR'S Brooks Fu	signature neral Se	rvice	, Towson	4, N	id.	240. REC'D	BY REGIST	TRAR 245. R	EGISTRAR'S			

Partitions 12  Enliques 12  Enliques 12  Significate 12  Significate 12  Significate 13  Hereld Claybon Rollor  Hereld Claybon Rollor  Partition Writes  Treduction Clare N. 1. 0.8.  Treduction Roller  Teachers Andler  Tarbars Andler  Tarb			
Silvingon Relier    Hereis Clayton Relier   S-28-59   Silvingon Relier   S-28-59   Silvingon Relier   S-28-59   Silvingon Relier   Security   Silvingon Relier   Silv		6-10-Martin	eron to test the figure
Hereia Clayton Roller  The write write 2-1893 65  Palater nome construction Class N.Y. U.S.  Ya Yes WWI 217-95-930 yelan N. Koller shows  The action of the construction of the constructi		alilopre 12	Saltimora 18
PRINTED Write Construction Cinero N.YS  Trederiot Roller Serbars Anilor  An Yes NWI SIZ-05-8391elen N. Koller Shows  The Construction of th		San Cudooku Bar	510 Surdook Rd.
printer home construction Cinero N.V. C.		nod tall (Alexad	11or 5-28-59
painter loss of actrostics Cisero N. S.		edinw e)	3-2-1893 65 - 2881-5-8
A THE REST OF THE PROPERTY OF	Bg	later home oca	nation Cinego M.Y. U.S.C.
		rederiok Rolier	Barbara Mallor
	54.	_2e_719 TWV asY a	lelen M. Roller spoye
minal   5-30-59 Prospect Hill Powers 4, Mg.			

Reg. Dist. No. 05344 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RUPAL and give nearest town) should d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION / ON A FARM? YES | NO X pup .⊑ NAME OF First Middle DATE Manth Year DECEASED Filled OF DEATH Pages (Type or print) 9. AGE (In years 6. COLOR-OR BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR get/DigHttday) Months Days DIVORCED [ WIDOWED D papers. campl USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even fretired) puo pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 40 certificate physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (III yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), ond INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ Conditions, if any, which signed gave rise to immediate DUE TO cause (o), stoting the underlying cause lost burial-transit physician peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY PERFORMED? YES NO attending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) MEDI Hour o. m. While Not while ot work ot wark that I lost saw the deceased 21. I certify that Lottended the deceased from the causes and on the dote stated above. olive on ond that deoth occurred at M. from DIRECTOR ADDRESS (Sifeet, city or town, stote) det ACTUAL prior SIGNATURE 3 shauld PHYSICIAN'S TO FUNERAL NAME (Type) JURIAL, CREMATION, 22b. DATE THEREOF 22 NAME OF CEMETERY OF EREMATORY 22d. LOCATION (City Jown, or county) page шау 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR arthur S. Krawa VS A15 (4) 15M 9/58

death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



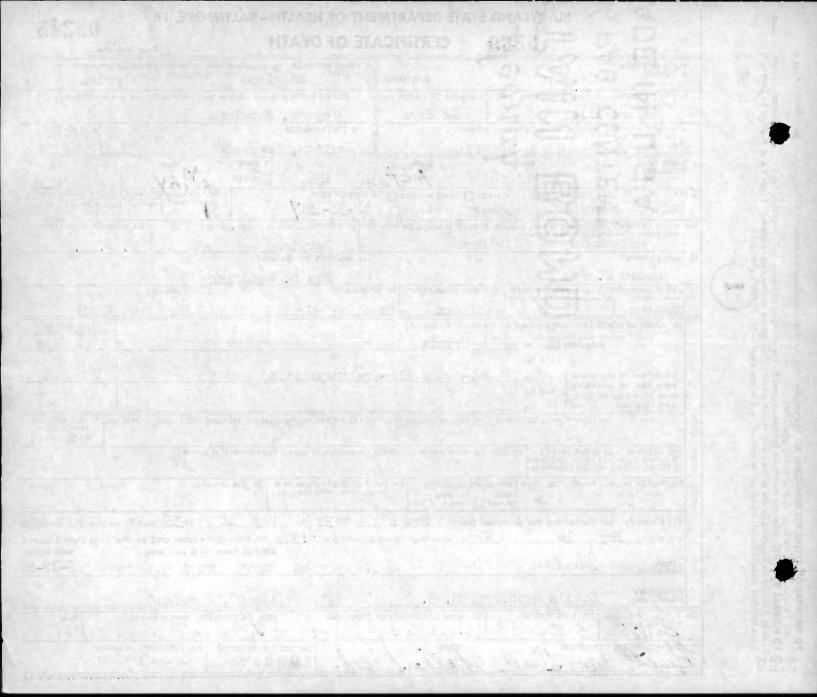
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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05345

8012	5	360	CERTII	FICA	ATE OF DEATH			Reg. Dist	. No.	
1. PLACE OF DEATH a. COUNTY	Baltimore	(\$	MARYL	AND	2. USUAL RESIDENCE (Who of STATE Mary		I. If institution b. COUNTY		arles	
RURAL and give	(If outside corporate limi nearest town) SVILLE	ts, write	c. LENGTH OF STAY I		c. CITY OR TOWN (IF o			RAL ond gi	ve nearest	town)
OR INSTITUTION	PITAL (If not in hospital, 9 N FO VE STATE	2007			d. STREET ADDRESS Garyton, M				0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	Fi		Middle A	to	h Rye	4. DATE OF DEATH	Month	,	Doy / &	Yeor 19 5 9
5. SEX male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE		8. DATE OF BIRTH	9. AC			-	INDER 24 HRS.
during most of w	TION (Give kind of work orking life, even if retired rmhan d	)	KIND OF BUSINESS OF	R INDU	Marylane	d	)		S. A	HAT COUNTRY
13. FATHER'S NAME Howard						Kendrick				
15. WAS DECEASEDE! (Yes, no, or unknown)  unknown	VER IN U. S. ARMED FOR Ilf yes, give wor or dates of s	ervice)	social security no.		ords: SPRIN	G GROVE	Addre STATE		SPITA	L
	EATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c		Uremia						ONSET A	L BETWEEN
Conditions, if gove rise to couse (o), stalin	g the under-	)	dub-acute g	lome	rulonephritis	S			Unl	known
CATIC	THER SIGNIFICANT CON				NOT RELATED TO THE TERMI			N IN PART	PE	AS AUTOPSY ERFORMED?
	VAS UNDERLYING  IG CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Day, Ye			20e. PL	O. (Enter nature of injury in P ACE OF INJURY (Home, farm,	, 20f. (City or to	La Pierr	IC	ounty)	(Stote)
20c. TIME OF INJU Hour o. m p. m	. 19	_	Not while of work	fac	tory, street, office bldg., etc.	)				
21. I certify alive an	Stella	Wa .	Sp, and that			_M, fram the	causes an	d an th		
NAME (Type)	Stella Wallon, 22b. DATE THERECON 5-22		22c. NAME OF CEME	TERY O	Catonsvil R CREMATORY Baptist	22d. LOCATION			, n	(State)
23. FUNERAL DIRECTO	R'S SIGNATURE	ne)	2 alder	/	Med - DAMAY		24b. REGIST	RAR'S SIGI		



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
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5361 CERTIFICATE OF DEATH

Reg. Dist. Nd/5346

1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore MARYLAND	a. STATE N. Y. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address)	New York City  d. STREET ADDRESS  e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
House in the Pines-16 Fusting Ave.	Abbey Hotel YES NO
3. NAME OF First Middle DECEASED.	Lost 4. DATE Month Day Yeor
(Type or print) ELIZABETH HENRIET	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   In under 1   In under 1   In under 2   In under 2   In under 3   In under 3
female white WIDOWED DIVORCED	Dec. 12, 1869 89 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Rtd Saleslady Pianos retail	Penna.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Sandlass	Anna Elizabeth Herman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
no	Mr. Louis Sandlass - 700 N. Charles St.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 72 Las CHIER H	Continue onset and peath
420.1 DUE TO /	
Conditions, if ony, which ) Mrs. Haker de service	Nandia-Vanaler Deser 1530
gove rise to immediate DUE TO	
couse (a), stating the under-	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
SATION TO SECULIAR SE	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while for work of work of work	actory, street, office bldg., etc.)
	+0 F 1/ F2
21. I certify that I attended the deceased from	1957, to 5-16-, 1957, that I last saw the deceased
alive on 1927, and that death	accurred at 21:15.1.M, from the causes and on the date stated above.
ACTUAL STYL R S. 18	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE / SILVEN / HALLAGES	M.D. 6207 Trederich (1804 · 5-1865
PHYSICIAN'S MALE	B # -5 2- 0
NAME (Typo) WI/2ner A. 53/129er	Dallmort-28, 1858
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 5/19/59 Green Moun	-/
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REGISTRAR 246. REGISTRAR'S SIGNATURE
MM. 7. Victorier + Sous	DATE MAY 1 9 '59 Cilling & Kraus
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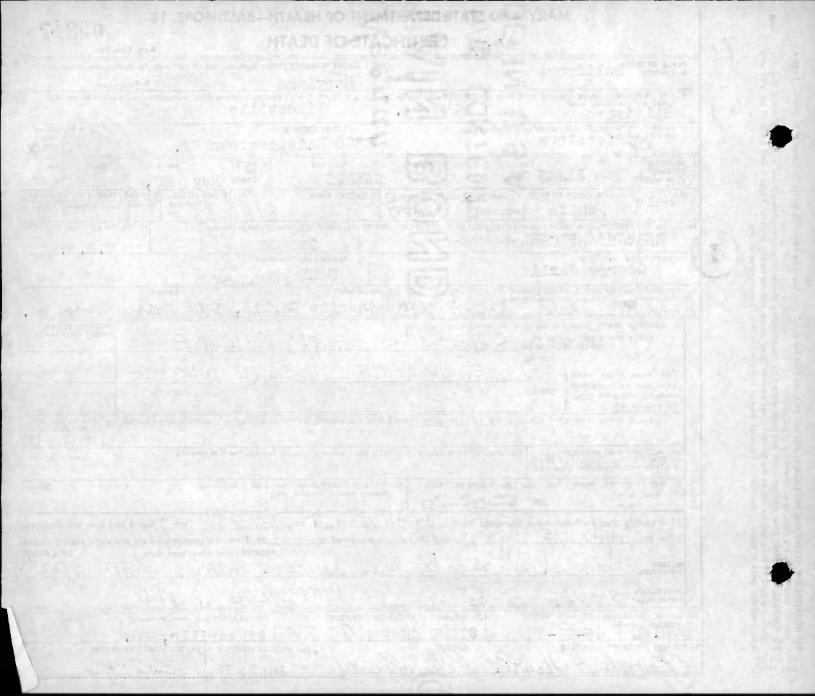
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

DEDAN

		11	O	3	4	-
Reg.	Dist.	No.				

			53	62 CERT	IFIC/	ATE OF [	DEATH			Reg. Dis		OIE	
1.	PLACE OF DEATH	ltimore		MAR	YLAND	2. USUAL RESI		re deceased l	b. COUNTY			odmission)	
	b. CITY OR TOWN (IF RURAL and give ner Baltimo		ts, write	c. LENGTH OF STAY		c. CITY OR		tside corporot	le limits, write F			t town)	7
1	d. NAME OF HOSPITA	M (If not in hospitol, g erstown	ive street	oddress)		1308 R		rstow	n Rd.			S RESIDENCE ON A FARM? ES NO	8.
Н	NAME OF DECEASED (Type or print)	JAMES Fir	st .	Middle		SARLIS	st	4. DATE OF DEATH	May 2	oth	Day	Yeor 19 50	3
S.	Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARR	-	B. DATE OF BIRT	18	91 9.	AGE (In years lost birthdoy) yrs.			UNDER 24 HR	
100	during most of work	N (Give kind of work ing life, even it retired Pant Own	one 10b.	Food	OR INDU		ACE (Stote of REEC.)		nlry)	12. CITI	ZEN OF V	WHAT COUNT	RY?
7	FATHER'S NAME	TER Satlis	5			14. MOTHER'S		astre	r				
		IN U. S. ARMED FOR		12-40-738	3	nformant therine	e Sar	lis,	Add 1308 R	eiste	ersto	own Ro	1.
	PART I. DEAT	he under-	AR	ne for (o), (b), ond (c) ONGESTI TER/OSCL	VE	HEAR	T I HEA	RT	URE DISCO	95E	INTERV	AL BETWEEN AND DEATH	
CERTIFICATION		) (c ER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE C	ONDITION GIV	/EN IN PART		WAS AUTOPS' PERFORMED?	
L CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture o	f injury in Po	ort I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m, p. m.	Month, Day, Yes	While of wor	NJURY OCCURRED Not while		ACE OF INJURY ( ctory, street, office		20f. (City or	fown)	(C	ounly)	(Stote	e)
	21. I certify the alive on	at I attended the AT 15 amuse L	deceas 195	~G		/S, 1959 occurred at M.D. /33/	BEISESVI	M, fram (DDRESS (Street	the causes of the city or town,	and an th		the deceasion of the de	ove.
I	BURIAL, CREMATION REMOVAL (Specify) BURIAL	5-23-59	F	STONE C	HAP	R CREMATORY	Eng "	nd location	N (City, town,	or county)		(Stote)	
23.	FUNERAL DIRECTOR'S	SIGNATURE	ree	ADDRESS	rel	Sul		BY REGISTRA	R 24b. REGI	STRAR'S SIG			



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ending physician and campletely filled in b. funeral director.	slease remove carbon papers. Pages 1 and 2 shauld be fitted with	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05348

**CERTIFICATE OF DEATH** 5363

57			
Reg.	Dist.	No.	

	U.E.I.C	10)					
1. FLACE OF DEATH  o. COUNTY	mare Ca-	MARYLAND	O STATE	NCE (Where deceased	b. COUNTY	Car	ission)
b. CITY OR TOWN (I	If autside carparate limits, write	c. LENGTH OF STAY IN 11	c. CITY OR TO	WN (If autside corpor	ote limits, write RURAL		wn)
SPAL and give no	Por - +	1341-5	X Spar	+ows Point	P.O. (fort	Howard)	
	TAL (If not in hospital, give street Bay Shot	oddress)	d. STREET, AD	Bayshore	Park	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Willia	m Lean	Saunder	4. DATE OF DEATH	Month	3/	Year 1959
5. SEX /4a/e	11.1	RRIED NEVER MARRIED DIVORCED	Dec 8	1897	9. AGE (In years lif Un last birthday) yrs.	NDER 1 YEAR IF UN ths Days Hour	1
100. USUAL OCCUPATION during most of war	ON (Give kind of work done to king life, even if retired)	Bethlehem Ster	DUSTRY 11. BIRTHA	CE (State or foreign co	untry) Md. 12	CITIZEN OF WHI	AT COUNTRY?
13. FATHER'S NAME	H- Saun	lets	Sata	hajden name	Dorm	<i>ל</i> א	
15. WAS DECEASED EVE (Yes. no. or uninfown)	R IN U. S. ARMED FORCES? 1. (If yes, give wor or dates of service).	5. SOCIAL SECURITY NO. 17 217-01-2882	Mes. Nane	y Ramey	Address San	ne As#	2
	ATH [Enter only one couse per ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	tine for (a), (b), and (c).]	la lica	det!		INTERVAL ONSET AN	
4 20.0 Conditions, if o	DUE TO	alexander	+ Xt.a	hi:		6.	· sur
gove rise ta i couse (o), stating lying cause last.	\ DIJE TO			HE IZ SE			
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN	PER	S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING   20b. DI G   CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUP	RRED. (Enter nature of	injury in Port I or Port	II of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Whi		PLACE OF INJURY (He foctory, street, office	ome, form, 20f. (City bldg., etc.)	or town)	(County)	(State)
21. I certify th	nat I attended the dece	sed fram.	, 19 57	to My 3	1, 19 59, the	at I last saw th	e deceased
olive on	31 19	57, and that dec	oth accurred ot_		the causes and c	on the date sta	
ACTUAL	Jan 1 - 1	Mans	M.D. 520	051-1	Sallo. 19	Hel G	11/57
PHYSICIAN'S NAME (Type)	19 mes 1. M	eans					
220. BURIAL, CREMATIC REMOVAL (Specify)	June 3, 195	9 Our Lady o-	f the Field	22d. LOCAT	IONICity, town, or cou	140	lote)
23. FUNERAL DIRECTOR	signature ong lelom	6/en Burnie	Md	DATE JUN 2 '5		'S SIGNATURE	

Mark they be excluded them in a family The same was the same to be seen the same of the same

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5364 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. FAITH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY files. Heolth, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) h CITY OF TOWN OF much C. LENGTH OF STAY IN 16 and give negrest town Raltimore e. IS RESIDENCE ON A FARM? 5504 Gerland Avenue ompanu YES NOTE ote NAME OF Middle DECEASED DEATH (Type or print) 5 may be r 2 with the 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER TYEAR 6 COLOR OR RACE IF UNDER 24 HRS. Months WIDOWED [" DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Poge Vermont Painter poges 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Rena May 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Mrs. Anna M. Savage, 5504 Gerland Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) Office DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO Chief Medical Examiner (o), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? 0 20g. EXTERNAL CAUSE WAS PRIMARY OF ON CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20f. (City or fown) 20c. TIME OF INJURY Month Doy, Year Ofactory, street, office bldg., etc.) of work of work D & L MBNJIN CO. to the 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection I Inquiry / opinion death resulted from: Notural couses , Accident Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER FUNERAL I DEPUTY MEDICAL EXAMINER (Stote) 10 F Holy Redeemer 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME J. Ruck, Inc, 5305 Harford Rd. arthur & Kings 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5365 CERTIFICATE OF DEATH

Reg. Dist. No. (15351)

	PLACE OF DEATH					2. USUAL RESIDENCE (Wh	ere decease	ed lived. If instituti	on: Residenc	e before	odmissie	on)
		timore		MARYLA	ND	Md.		P. CONNEY	to.			
M.	b. CITY OR TOWN (If RURAL ond give nec	arest town)		c. LENGTH OF STAY IN		c. CITY OR TOWN (IF a	utside corpo	orote limits, write R	URAL ond g	ive neare	est town)	
	d. NAME OF HOSPITA	L (If not in haspital, g	ive street	oddresshr Liber	tv	Rdd. STREET ADDRESS				e.	IS RESI	DENCE
K	atherine Ro	obb Nurs.	HoH	Ssex Rd.		/ 2647 Pu	mell	Drive			ON A	
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon	th	Day	Y	ear
	(Type ar print)	MART.	AN	G.	SCA	RBOROUGH	OF DEATH	Ma	37	70	1	950
	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years	IF UNDER		-	24 HRS.
f	emale	white	WIDOWI	DIVORCED [		Sept. 2, 187	71	last birthday) 87 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work on glife, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUS	TRY 11. BIRTHPLACE (Stole	or foreign o	country)	12. CITI	ZEN OF	WHAT	COUNTRY?
H	omemaker	ng lire, even ir retired				Md.						
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
I	srael Grif	fith				Sally Blac	ok					
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. It	FORMANT	J 4 L	Add	ress			
n		I yes, give wor or dates or s	state)	none	Mr	s. Gertrude S	Sarmar	- 2617	Purnel	7 D	ri ve	
	18. CAUSE OF DEAT	TH [Enter only one co	use per h	ne fof (o), (b), and (c).]	1	0 / 11	1	10 5	· · · · · · · · · · · · · · · · · · ·	INTER	VAL BET	WEEN
	PART 1. DEAT	H WAS CAUSED BY:	11	terior -t	tel	enti. He	ant	Deser		ONSET	AND	DEATH
	241X	DUE TO			1	1/	7	0 14			27	7
	Conditions, if on	v. which )	/	3 -	1	Cathan	2			1	11	
	gove rise to immediate DUE TO								1	09	17.	
	tying couse last.	ne under-										
Z		(c ER SIGNIFICANT CON		ONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TERMI	NAI DISEAS	SE CONDITION GIV	FN IN PART	1(a) 19	WAS A	LITOPSY
ATIC		Gener	1 -	1 Otto		-lel.	hap-				PERFOR	MED?
IFIC	20a. ACCIDENT WAS	UNDERLYING []	20b. DES	RIBE HOW INJURY OCCI	URREC	). (Enter nature of injury in F		rt II of ilem 18.1			153 L	NO
CERTIFICATION	OR CONTRIBUTING (	CAUSE OF DEATH				(======================================						
	20c. TIME OF INJURY		r 20d. It	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, form,	. 20f. (Cit	v or town)	IC	ounty)		(Stote)
MEDICAL	Hour a.m.	19	While	Not while	fac	tary, street, office bldg., etc.	)	,	(0.	oomy		(31016)
2	p. m.		ot worl	1		14- 1		10. 1-7				
	Mary Control of the Control	at I attended the	deceas		(-/-)	19.T.), to (1)			,that I le			
	alive an	7.19:	_, 19_4	and that de	eath			m the causes a	ind an th	e date	state	d abave.
	ACTUAL	8101	RI	/	/	14100 11 =	APPRESS (S	treet, city ar tawn,	197	1	DA	TE SIGNED
	SIGNATURE	and the	MA	mben		N.D. TIOS fiber	7145	- you	w p	4	2_	17-2.5
	PHYSICIAN'S E	-1.1 C	ham	harr -	1	HAE-/ibate	146	Au B	etta-	h/		
220	BURIAL, CREMATION	22b. DATE THEREO	6	22c. NAME OF CEMETER	DV 05	(100 B 1001 17	21.15	1100	~ [0	1-1-		
	REMOVAL (Specify)	F /07 /50				-	228. LOCA	TION (City, town, o	-	14	(Stote)	
23.	Burial PUNERAL DIRECTOR'S	SIGNOTURE D	- 1	Lorraine		24g. REC'I	DA DECIE		awn, M		-	
6	Mass V.	/ Alan	ex	Vious -	W	allo						
V	han to	MINION		MULL		MAY DATEMAY	21 '5	3   Chi	hun S. 1	Linua		
	V					1000						

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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05352

CERTIFICATE OF DEATH

		5367	CERTIFICA	AIE OF DEA	10		Reg. Dist.	No.	
	PLACE OF DEATH     a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (		lived. If instituti b. COUNTY		before odmi	
	RURAL and give :	(If autside carporate limits, write nearest town)  aven Village	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	If outside carpora		URAL and give	e nearest tav	vn)
		tTAL (If not in hospitot, give stree		d. STREET ADDRESS	Loch Ra		d.	ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	GEORGE First	Middle SCI	Last HMIDT	4. DATE OF DEATH	May	th	Day 14,	Year 19 <b>59</b>
	5. SEX Male	White widow	VED DIVORCED	B. DATE OF BIRTH  October 7.	1883	. AGE (In years last birthday) 75 yrs.	Months Do	YEAR IF UND Days Haurs	
1	during most of wa	ION (Give kind of wark dane rking life, even if retired)  Lerk—Retired	. KIND OF BUSINESS OR INDU	Maryland  14. MOTHER'S MAIDEN		ntry)	12. CITIZE	U.S.	
1		Schmidt		Louise					
	15. WAS DECEASED EV (Yes, no, or unknown)	(ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT rs. Margaret	Schmidt	Add: 8164 L		ren Bo	vd.
	Conditions, if gove rise to couse (o), stating lying couse last	immediate by the under-	nd con	en fre		- Ocas	-4		
	CATIO		Sevelet	5			EN IN PART 1	PERF	AUTOPSY ORMED?
		G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE						
	Y 20c. TIME OF INJU Hour o. m. p. m.	While		ACE OF INJURY (Hame, fo tory, street, affice bldg.,	etc.)	r tawn)	(Cou	inty)	(State)
	21. I certify to alive an Actual SIGNATURE	hat I attended the decea	CAN	0 1955, to occurred at 3		1-7		late state	
/	PHYSICIAN'S NAME (Type)	Man	Byerly		Dull	5 /4	o )le	( '	
	22a BURIAL, CREMATI- REMOVAL (Specify Burial	May 16, 1959	Parkwood Ce	emetery	Park	ville, I	Md.	(Sto	ate)
	23. FUNERAL DIRECTOR Ullrich F	r's signature uneral Home 421	O Belair Road.	24a. RE	MAY 1 9 'S		STRAR'S SIGN		

fer death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours often death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OF VS A1S (4) 15M 9/SB

DESCRIPTION OF A PARTY OF THE P 1 Description av : Bar . I wound to the collection of the Direction of the little to be to be a second and 

VS A15 (4) 15M 10/57

	MARY	LAND STA	TE DEPARTM	ENT OF HEALTH—BALTIMORI	E, 18
		5368	CERTIFICA	ATE OF DEATH	Reg. Dist. No. 053
1. PLACE OF DEATH	****	Delta	Clo MARYIAND	2. USUAL RESIDENCE (Where deceased lived. If in	stitution: Residence before admission

Reg. Dist. No. (15353

o. COUNTY 930 Be	rk Lane	Bal	to. Co.MARYLAND	7930 Berk	Lane	b. COUNTY	E	Balto.	6
b. CITY OR TOWN (If a RURAL and give near	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		prote limits, write RL	JRAL and give	nearest town	)
d. NAME OF HOSPITAL OR INSTITUTION	. (If not in haspital, g	ive street o	oddress)	d. street Address 7930 Berk			6		IDENCE FARM?
NAME OF DECEASED (Type or print)	Sophia	st M.	Middle Sehuh	Lost	4. DATE OF DEATH	May 26	,1959	/	Yeor
Female (	S. COLOR OR RACE White	7. MARRI	DO NEVER MARRIED	B. DATE OF BIRTH Nov. 28, 1873	3	9. AGÉ (In years last birthday) 85 yrs.	Months Da		R 24 HRS. Min.
during most of working	(Give kind af work of glife, even if retired)	done 10b.	KIND OF BUSINESS OR IND		ote or foreign conore Md.	*	12. CITIZE	N OF WHAT	COUNTRY
B. FATHER'S NAME	Christo	pher	Fischer	14. MOTHER'S MAIDE	n NAME	le			
S. WAS DECEASED EVER I	N U. S. ARMED FOR yes, give wor or dates of s			informant s,Marie Luke	,7930 I	Address Lane		6	
PART I. DEATH  56/0  Conditions, if ony gove rise to immoduse (o), stoting the lying couse lost.	WAS CAUSED BY: MMEDIATE CAUSE (o  DUE TO  , which mediate e under:    DUE TO	, A. J. Sr	ntestinal	alstand inguin	edeno etican	emia.		INTERVAL BE	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CONTRIBUTING									
20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED How a. m.  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of two									
21. I certify that alive an	on I attended the	decease , 19	and that deal	1953, ta th accurred at 12°				date state	
PHYSICIAN'S NAME (Type)	amue	15	Stern, M.	D			Md		
20. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		1959	22c. NAME OF CEMETERY Baltimore		22d. LOCA	TION (City, Iown, o Baltimor		(Stot	e)
S. FUNERAL DIRECTOR'S	HERWY .	Son	ADDRESS 2024 Orlea	ne C+ 23	EC'D BY REGIST		TRAR'S SIGN		

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10	using Programme and			

V5 A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5369 CERTIFICATE OF DEATH

5369

(15354) Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltim	ore	MARYL		2. USUAL RESIDENCE (WHO o. STATE Mary 1.	and	ed lived. If instituti b. COUNTY	on: Residenc	e before	e admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Catonsville 17yr3mths					Baltimore 3 V 0 / - 4					
d. NAME OF HOSPIT	AL (If not in haspital, gi	ve street	oddress)		d. STREET ADDRESS				e	ON A FARM?
SPRING GROV	TE STATE I	IOSP.	TAL		5005 Hold	er Av	enu <b>e</b>	2.3		YES NO
3. NAME OF DECEASED (Type or print)	Firs Emma		Middle		Schurr	4. DATE OF DEATH	May May		Day	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARI	NED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR	IF UNDER 24 HRS.
female	white	WIDOWI	ED DIVORCED		Jan. 20, 186	5	lost birthdoy) 94 yrs.	Months	Days	Hours Min.
during most of worl	ON (Give kind of work d king life, even if retired) CEEPET	one 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote Mary)		country)		S.	WHAT COUNTRY
13. FATHER'S NAME		300			14. MOTHER'S MAIDEN N	NAME	ELMINE)			
Christian	Ludwig Sch	arr			Lo	uise	Ripperger			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. INI	ORMANT		Add	ress		
unknown			Unknown	R	ecords: SPR	ING	GROVE ST	AIE I	HOSE	PITAL
54(./ Conditions, if a gove rise to it couse (o), stating lying couse lost.	mmediate DUE TO (c)	P	eritonitis erforated d		•					days
ZOG. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY				_	ot related to the termi rdiovascular			EN IN PART	1(0) 19	P. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in I	Port 1 or Pa	rt II of item 18.)	1		
ZOC. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea 19	While	NJURY OCCURRED 2 Not while k of work	focto	E OF INJURY (Home, form ry, street, office bldg., etc.	.) 20f. (Cit	y or town)	(Co	ounty)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	y 13 Sulla Stella Wach	19_ W	59,, and that a clubby	death o	D. SPRING (	_M, fro ADDRESS (S G RO VE		and an th state) HOSPI'	e date	
BURIAL CREMATION (Specify)	5/15/	59	22c. NAME OF CEMET	ERY OR	Park		TION (Gly, lown,	11	,	(Stote)
23. FUNERAL DIRECTOR	lch 530	54	ADDRESS	Pd.	11/1	D BY REGIS		thun &		

		Part and No. of the last of the last	
part to depair		1389 CERTIFICA	
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Tales on Alleman			
			Market Market Co.
			State of the second second
erges :			

e. IS RESIDENCE

ON A FARM?

YES NO T

Year

19

Hours

Road

ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

U.S.A.

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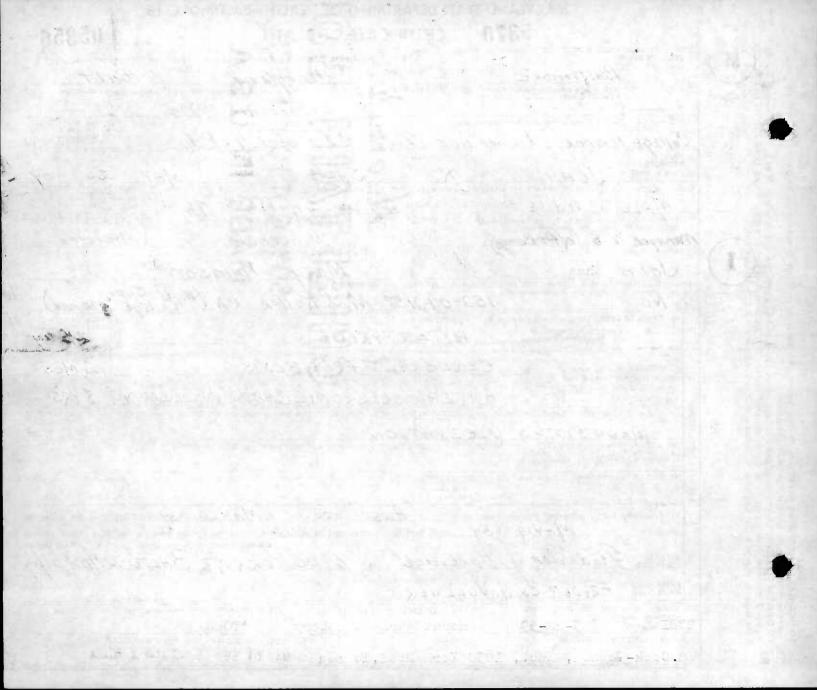
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5370 CERTIFICATE OF DEATH

Reg. Dist. 11.5356

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
Baltimore MARYLAND	o. STATE maryland b. COUNTY Balt.	
b. CITY OR TOWN (If autside carporate limits, write RURAL ond give nearest tawn)	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)	
K	X Lutherville Md.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDEN	
College Manor - LuTherville Md.	42 Thornhill Rd. YES NO.	
3. NAME OF First Middle	Last 4. DATE Manth Day Year	
(Type or print) 10HN R.	SHEA DEATH MAY 20 195	54
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24	HRS.
MALE WHITE WIDOWED DIVORCED	DEC 21, 1886   lost birthday)   Months Days Haurs A	Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRIES and during mast of working life, eyen of retired)		NTRY?
Mangoce W.E. Col Pt. Becce)	Wisconsin America	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Shea	10	
00,	NORMANT Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	M.J. Keller R.N. (Might Supr. manne)	
18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]	The state of the s	
	INTERVAL BETWE	ATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  HYPERPY	REXIH 2 Jack	40
422.1 DUE TO		
Conditions, if ony, which ) (b) CEREBRAL 7	THROMBOSIS 2 MOS.	
gave rise to immediate couse (o), stating the under-		
lying couse lost. (c) ARTERIOSCA	LEROTIC CARDIOVASCULARDIS 8 YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  DECUTS IT US ULCERATION	PERFORME YES NO	
	D. (Enter noture of injury in Part I or Part II of item 18.)	
☐ Haur a.m.   While Not while foo	ACE OF INJURY (Home, form, 20f. (City ar tawn) (Caunty) (Stary, street, office bldg., etc.)	State)
p. m. 19 at work of work		
21. I certify that I attended the deceased fram. AUG	1950, to MAY 20, 1954, that I last saw the dece	nsed
· d · l · · · · · · · ·	occurred at ALLAM, from the causes and an the date stated ab	
	ADDRESS (Street, city or town, stote)  DATE SIG	GNED
SIGNATURE LEARNING & Volemer	Lina Care Pa Raise 17th, 5h.	100
SIGNATURE	M.D. G100 10RK 1 D, D11110 12110 4 109	125
PHYSICIAN'S FREDERICK J. VOLLMER		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, ar caunty) (State)	_
BURIAL 5-22-59 Mount Maria		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Wm. Cook-Towson, Inc., 1050 York Road	TOWGON DUTALAY 21 159 arthur & thous	



Description of competent of the contribution of the contribution of the completely filled in Figure funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with

the registrar priar ta burial, cremation, ar removal, and in any event within 72 hours after death.

may be retain TO FUNERAL

VS A1S (4) 1SM 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs CTOR: After this certificate has been signed by the attending physician and campletely filled in

after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5371

**CERTIFICATE OF DEATH** 

								KAR' DI	31. 140.	
1. PLACE OF DEATH o. COUNTY	Baltimo	re	MARYL	AND	2. USUAL RESIDENCE o. STATE Maryl		d lived. If instit b. COUN		ce before	
RURAL and give no	If outside corporate limi earest town) dle River	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN		rote limits, write	RURAL ond	give neare	est town)
d. NAME OF HOSPIT OR INSTITUTION IVy	AL (If not in hospital, g Hall Nursi				d. STREET ADDRES	ss 4 Box 6	20 Edwar	ds Rd.		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir Geor		Middle W.	Sim	tosi mons	4. DATE OF DEATH		onth lay	Doy 3,	Yeor 1959
5. SEX Male	White	WIDOWE	-	D M		.869	9. AGE (In year lost birthday ye	Months	-	Hours Min.
Labor	ting life, even it refired)	ione 10b.	KIND OF BUSINESS OF Quarry	RINDUST		State or loreign c			USA	WHAT COUNT
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
	nown Unkno				Un	known	Jnknown			
1S, WAS DECEASED EVE (Yes, no. of unknown) NO	R IN U. S. ARMED FOR (If yes, give war or dates of se		social security no. None		• Milton E	. Edward		ddress 4 Box	620	Edwards
Conditions, if o gove rise to i couse (o), stating lying cause lost.	the <u>under-</u> DUE TO	as	Cor Leveral	enti la	e cardo	io vas e	ular T	) walkare	im	5 yrs
CAT			ONTRIBUTING TO DEA					IVEN IN PART		WAS AUTOPSY PERFORMED? (ES NO
	MEDICAL EXAMINER)		CRIBE HOW INJURY OC	960					12 5	
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While at work	Not while	20e. PLAC facto	E OF INJURY (Home, rry, street, office bldg.	farm, 20f. (City , etc.)	or town)	(C	County)	(State
21. I certify the alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	decease , 19 Les ME	nent	death of	, 1958, to accorded of 2.9	SL_M, from	195 In the causes reet, city or low	and an th		
220. BURIAL, CREMATIO REMOVAL (Specify) Purial	May 6. 19	f 59	22c. NAME OF CEMET				MON (City, town		Co	(State)
PHYSICIAN'S NAME (Type)	May 6, 19	F		TERY OR	CREMATORY ist	PREMS  72d. LOCAT  Falls  REC'D BY REGIST	Z Z O Z Z Z O Z Z Z O Z Z Z O Z Z Z O Z Z Z O Z Z Z O Z Z Z O Z Z Z O Z Z Z O Z Z Z Z O Z Z Z Z Z O Z	Mo	SNATURE	(State

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#### FOR STATE HEALTH DEPT.

rector. Page r your files. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the Crificate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funes 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State for its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS. A15ME BM 2/57

# 5372 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		- ()	5	3	5	8
Reg.	Dist.	No.		0		0

f,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)								
	o. COUNTY	Baltimore		MARYLAND	o. STATE	aryland	b. COUNT	Y Bal	timore	
	b. CITY OR TOWN (If and give nearest fown)	outside carporate limits; writ	• RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside o	orporate limits, write	RURAL and g	ive neorest to	own)
	Long	- 1 /00	)		X Lo	ong Beac	h (20)			
			If not in ho	spitol, give street oddress)	dy STREET ADD		V			RESIDENCE
	Box 21	2 Rt. /1	5		В	ox 212	Rt. #15			NO K
3.	NAME OF DECEASED	Fir	st	" Middle	Last	4. DATE	Mont	h	Doy	Yeor
	(Type or print)	WIL	LIAM	SINK		DEAT	H May 1	14,		1959
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years fost birthday)	IFUNDER TY	EAR IF UNE	DER 24 HRS.
	Male	White	WIDOWE	D DIVORCED	May 10,	1890	69 yrs.	Months Do	ys Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUST			n country)	12. CITIZE	N OF WHAT	COUNTRY?
1	during most of working Handyma		100	General	Rin	ssia		II.	S.A.	
13	FATHER'S NAME	u		General	14. MOTHER'S MA				0 0 1 2 0	
1		1 01 1								
16	Jac b. Was deceased eve	ob Sink	BCTCO 14	COCIN COCINEY NO. 112 II	Rosi	9 ?				
		If yes, give war or dotes of		SOCIAL SECURITY NO. 17. IF	NFORMANT		Address			
	Yes	WVl	2	17-26-7861   Fo	ort Howard	d Vet. H	ospital			
	18. CAUSE OF DEAT	TH [Enter only one car	use per ling	Nor (o), (b), and (c).]	12	17			INTERVAL BETWO	TEEN
	PART I. DEAT	H WAS CAUSED BY:	10	nonau (	Ocel	11 516	-		1 7	AIH
	1120.1	DUE TO				UC 31.			· m	-
	Conditions, if ar									
	gove rise to immed	liole couse								
	(o), stoting the u	inderlying DUE TO								
_	couse fost.	) (c								
ğ	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO TH	E TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY DRMED?
13									YES 🗌	NO 🗍
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF OF CON CAUSE OF DEATH.	ISE WAS TRIBUTING [	b. DESCRIB	E HOW INJURY OCCURRED. (E	nter noture of injury	r in Port I or Part	II of item 18.)			
3	20c, TIME OF INJUR	Y Month, Day, Ye	or 20d.	INJURY OCCURRED 20e. PLAN	CE OF INJURY (Hon	ne. form. 120f (C	'ity or town)	(County	4	(Slote)
MEDICAL	Hour o. m.		Whil	e _ Not while _ facto	ory, street, office blo	ig., etc.)	,,	(000111)	,	(Siole)
Z		19		ork at work						
	21. I certify th	at I took charge	of the	remoins described obo	ve, held an A	utopsy [].	Inspection (),	Inquiry	A, ar	nd in my
	opinion death	resulted from: 1	Natural .	causes 💢 . Accident [	], Suicide [	, Homicio	de 🔲. Undete	rmined mo	nner 🔲	
1		1 11 61	6/ 1							
	ACTUAL	PIULA	all	us	M.D. CHIEF MED	ICAL EXAMINER			DATE	SIGNED
	J. J		^			MEDICAL EXAMI	NER []		1.111	- 15
	EXAMINER'S NAME (Type)	Ack C	100	llins		DICAL EXAMINE		(	7-14	1/
22	o. BURIAL, CREMATIO	N. 226. DATE THERE	OF .	22c. NAME OF CEMETERY OR	CREMATORY	22d. LO	CATION (City, town,	or county)	(Stot	le)
	Burial	5/15/59		Mt. Carmal C	amot am-	Be	ltimore,	Marvlar	nd	
23	FUNERAL DIRECTOR		· B.	ADDRESS CARMOL C	ometery 24	a. REC'D BY REG		STRAR'S SIGN		-
1>	filmes E	Thunghy!	1407	Eastern Ave	0	ATE MAY 1 8	'59 a	rthun & 1	Traves	
Luci	James E. B	ruzdzinski	T-10/	TIGOLOTII AG	101	715				

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05359

Reg.	Dist.	No.

							Keg. Die.	1111	
1. PLACE OF DEATH	Baltimore		MARYLAND	2. USUAL RESIDENCE (V	Where decease		tion: Residence  Balti		nission)
b. CITY OR TOWN 11 ond give neorest few Cations	outside corporate limits, writen	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		orate limits, write Le Mano:		ve nearest to	own)
	ral or institution (		pital, give street address)	d. STREET ADDRESS		l Avenue		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle KANE	Lost SMITH	4. DATE OF DEATH	Month May	1		Year 19 59
5. SEX Male			D NEVER MARRIED 8.	DATE OF BIRTH 3/18/15		9. AGE (In years last birthday)	Months Day	AR IF UNI	
10a. USUAL OCCUPATI during most of worki Self I	ng life, even if refired)		etired	Kane Pa		ountry)	12. CITIZEN	USA	COUNTRY?
	m Smith			May Jac					
	/ER IN U. S. ARMED FO	service)		FORMANT S. Ruth E.		Address h 5906	Cecil	Ave	28
Conditions, if a gave rise to imme (a), staling the cause last.	diate couse underlying DUE TO		NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(	a) 19. WAS	AUTOPSY ORMED? NO 📆
PART II. OTI	USE WAS NTRIBUTING []	Igni:	HOW INJURY OCCURRED. (E	s while smok	ing			,	
20c. TIME OF INJU		20d. II While at war	NJURY OCCURRED 20e. PLAC Nat while at wark	E OF INJURY (Home, farm ry, street, affice bldg., etc. Home	7, 20f. (City	or tawn)	(County Baltin		(State) Md.
	hat I toak charge I from: Naturol	couses [	etty		KAMINER C	-			find that signED /59
220. SURIAL CREMATIC REMOVAL (Specify Burial	May 21	59	St. Mary s		22d. LOCAT	ION (City, town,		(Sio	
John T.	rs signatüre Stansbur	y 64	ADDRESS 11 Windsor M	240. REC'	D BY REGISTR		TRAK'S SIGNA		

VS. A15ME(5) 5M 9/55

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TOUBLE CHARLES A STANFORM		PYRAMA PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO PERSON NA
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 5374

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND MO121= b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle Last 4. DATE DECEASED (Type or print) DEATH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED 9. AGE (In years last birthday) Months Days Min. Hours DIVORCED T WIDOWED [7] Glo yes USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CEMENIT U.S.A 13. FATHER'S NAME SOCIAL SECURITY NO. 17. INFORMANT Address \* OLD. PHILA. RD. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO N 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work p. m 21. I certify that I attended the deceased fram Lithat I last saw the deceased M, fram the causes and an the date stated above. and that death acturred at alive an town, state) ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) MIL 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

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# HEALTH DEPT

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5375

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								Reg. Dist.	1401	OOL
1. PLACE OF DEATH	Ltimore		MARYLA		2. USUAL RESIDENCE (W		ived. If instituti	ion: Residence	before o	odmission)
and give nearest tow	III outside corporate fimits, write (n) 3.5.6	e RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corporo		. /	7 X	5 S
	TAL OR INSTITUTION (	If not in hosp	ital, give street address)		d. STREET ADDRESS	PEACK WC	B G MOU	110	e. 1	IS RESIDENCE
Rui					102 Pa	ark Aven	ue	****		ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir R.C	BERT	Middle George		SMITH	4. DATE OF DEATH	Month May	_	2,	Yeor 19 59
5. SEX		1	NEVER MARRIED	-	ATE OF BIRTH	9.	AGE (In years	IF UNDER THE	AR IF U	INDER 24 HRS.
Male	White	WIDOWED	DIVORCED	De	c.15, 191	9	39 yrs.	Months Day	ys Hou	Min.
100. USUAL OCCUPAT	ION (Give kind of working life, even if retired)	done 10b. Ki	ND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign count	ry)	12. CITIZEN	OF WH	HAT COUNTRY?
Port Reco	ords B.S.I	. Rer	n. Rand		Des Moine	s. Iow	a	U	SA	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N					
Archi	oald Smit	th			Fran	kie M	. Win	terro	wd	
	VER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. INF			Address	00110	77 02	
Yes, no. or unknown) Yes	W. W. 1	service)	33-07-5907			Smith	102 P	ark A	ve.V	West M
Conditions, If gove rise to imm (a), stoling the couse lost.	underlying DUE TO	)	NTRIBUTING TO DEATH (	BUT NO	T RELATED TO THE TERMI	INAL DISEASE CO	ONDITION GIVE	EN IN PART I	o) 19. W PE YES 1	RFORMED?
PART II. O'  200. EXTERNAL CO PRIMARY TO O' CAUSE OF DEATH	AUSE WAS DITRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRE			t I or Part II of i	tem 18.)			
		lood #	Airplan			PAS (5')		15 .		16
3 20c. TIME OF INJ		While		factory	OF INJURY (Home, form, street, office bldg., etc.  ir over fart	)		(County		(Stote) Md.
21. I certify	that I taak charge	of the r	emains described	abave	, held an Autops	y X, Insp	ection [],	Inquiry	Π,	and in my
opinion death	resulted from:	Natural c	auses 🔲, Accide	ent 🔯	, Suicide ,	Homicide [	], Undeter	mined ma	nner [	
ACTUAL	Charles	100	ounel	2	M.D. CHIEF MEDICAL EX			V.	PA	TE SIGNED
EXAMINER'S NAME (Type)	Charles O'	Donne	Ll, M.D.		DEPUTY MEDICAL	EXAMINER -		/	1/1	4
220. BURIAL, CREMATI REMOVAL (Specif Burial	May 16	DF 1959	22c. NAME OF CEMETER Risen Su				(City, town, o	r county)		Stote)
23. FUNERAL DIRECTO			ADDRESS			D BY REGISTRAR		TRAR'S SIGN		
H Sande	r & sone	Tno	Roltimon	0	MA DAY					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the difficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain: TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State are its designated agent. Origins to burial, or remayal, and in any every writing 72 hours after death. ar its designated agent, prior to beriof, cremotian, or removal, and in any or VS. AISME

5M 2/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OF DEATH

OF DEATH

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Baltimore County

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived on STATE of STATE)

Maryland

Reg. Dist. N. 05362

1.	PLACE OF DEATH o. COUNTY Be	altimore C	ounty	MARYLAND	o. STATE	pence (why land	nere deceased t	b. COUNTY			admission)
	RURAL and give ne	f outside corporate limitarest tawn)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)					st town)	
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street or	ddress)	d. STREET	ADDRESS			, 1		IS RESIDENCE ON A FARM?
	OK INSTITUTION	2940 Gre	ndon	Avenue	2940	Gren	don La	ne			ES NO
3.	NAME OF DECEASED (Type or print)	Fir Sop		Middle	Smi		4. DATE OF DEATH	Mon Ma		Doy 18	Year 1959
5.	sex Female	6. COLOR OR RACE White	7. MARRIE	DIVORCED	8. DATE OF BIRT		1	AGE (In years lost birthday) 4 yrs.	9		UNDER 24 HRS. fours Min.
10	during most of work Housewi	ing life, even if retired	done 10b, K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPE		or foreign cou			U.S.A	WHAT COUNTRY?
13	FATHER'S NAME	***************************************			14. MOTHER'S	MAIDEN	NAME	1 1 1 4			
	Mi	chael Hai	ns		Bar	bara		(unknow	m)		
	WAS DECEASED EVER	R IN U. S. ARMED FOR	ervice)	OCIAL SECURITY NO. 17.	harles	M. Doe	11e.11	Add		Aveni	10
NO	PART I. DEA'  4 2 . /  Candilions, if ar gove rise to in couse (o), stating the lying cause tost.	the under-	Teut	arter Untesti	the cese	Coch ing	tailu E Va fectu	se d	LIS EN IN PAR	ONSET	WAS AUTOPSY
MEDICAL CERTIFICATION											
)	actual signature	Tank Kasil	deceased	V - 10	M.D.		ADDRESS (Stre	the causes of et, city or town,	and on t	he date	the deceased stated above. DATE SIGNED
22 B	o. BURIAL, CREMATION	N. 226. DATE THERECO	F	22c. NAME OF CEMETERY C				ON (City, town, a	,,	e,ZON	(Slate) VE 14
	FUNERAL DIRECTOR'S n.Cook-Bli		, 600	ADDRESS 9 Harford Ro	ad		BY REGISTRA	R 24b. REGIS	TRAR'S SI		

s after death. Page 4 may be retained by the haspital ar attending physician.

O FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled it. The funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 har TO HOSPITAL OR may be re TO FUNERA VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5377 CERTIFICATE OF DEATH

Reg. Dist. No.

				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	II o STATE	here deceased lived. If institution b. COUNT	tion: Residence before admission)
b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	mits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL ond give nearest fown)
Fork	Life	X Fork		
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION  Fork Rd. Raldwin		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
		Fork Rd		· × -
DECEASED	P. Smith	Lost	4. DATE Mo OF DEATH May 15	onth Day Year
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Male White	WIDOWED DIVORCED	May 24-1893	last birthday)	months boys moots min.
Oa. USUAL OCCUPATION (Give kind of work during most of working life, even if retire	ed)	USTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Painter	Self employed	Balto.,		U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
Henry Smith		Myrtle S	tevens	
5. WAS DECEASED EVER IN U. S. ARMED FO		INFORMANT	Ad	dress
(Yes, no, or unknown) (III yes, give wor or dates of	219-03-681/3	25 22 12 27 1		
18. CAUSE OF DEATH [Enter only one of		Mrs Ruth Smi	th Fork Ed.	Baldwin P.O.
PART I. DEATH WAS CAUSED BY:		かかい ナ	TITATA	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (	(O) CRONI	717 Vat 1	VIARIO	TLUNY 8 WES
420.1 DUE TO	0 11	- 1/0		#2 1000
Conditions, if ony, which )	Desmortens	WELL MINE	ATION, D	in But
gove rise to immediate	6) 1 1 1 1 1	Ca de	0000000	3975-
couse (o), stoting the under-	0 //			
lying couse lost.	(c)		1	
PART II. OTHER SIGNIFICANT COL	NOITIONS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO
PART II. OTHER SIGNIFICANT COLUMN TO THE PROPERTY OF THE PROPE	206. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, You Have o. m. p. m. 19	ear 20d INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, farm	1, 20f. (City or town)	(County) (State)
Haur o. m.	While Nat while	foctory, street, office bldg., etc	1	(Sidile)
	of work of work	777		
21. I certify that attended the	e deceased from 3/21/	, 1934, 10.5	125 195	1, that I last sow the decease
alive on 3/15	1959 and that deal	th accurred at 750	to from the course	and on the date stoted above
	The state of the s		ADDRESS (Street, city or lown	
ACTUAL SIGNATURE & LOVA	9t. Hudse	125/ /	-ork	DATE SIGNE
PHYSICIAN'S NAME (Type)	FFORDF	HUDS	ON "	<b>)</b>
220. BURIAL, CREMATION, 22b. DATE THERE			22d. LOCATION (City, fawn,	or county) (State)
Burial   5-18-19		emetery	Bal to , Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	. 24a. REC'	D BY REGISTRAR 24b. REG	SISTRAR'S SIGNATURE
Saraha Timil L	14011 Silais	DATE MA	Y 1 8 '59 Q	other & House



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05364 5177 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY BAI	timore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Marvlar	, b.	COUNTY	ence before admission)
	If outside carporate limits, we earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate limi		
d. NAME OF HOSPIT OR INSTITUTION 1250 SO	rAt (If not in hospitat, give suth Rorty-E	reet oddress) Eighth St.	d. STREET ADDRESS	.48th St	reet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JOHN	ANDREW SM	OLKO, Sr.	4. DATE OF DEATH	Month May	Doy Year 22nd, 1959
5. SEX male		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 10,18	lost l		R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION during most of world	AATIT OO	10b. KIND OF BUSINESS OR INDU		e or foreign country)	12. CI	ITIZEN OF WHAT COUNTRY
13 FATHER'S NAME	ichael Smol		14. MOTHER'S MAIDEN			
	R IN U. S. ARMED FORCES? [If yes, give wor or dates of service]		INFORMANT Katherine	Y.Smolko	Address Same	as #2
Canditians, if a gave rise to i couse (a), stoting lying cause last.  PART II. OTT	The under DUE TO  (c)  HER SIGNIFICANT CONDITION	DNS <u>CONTRIBUTING TO DEATH</u> BU	NOT RELATED TO THE TERM	MINAL DISEASE COND	ITION GIVEN IN PA	RT I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRION  Od. INJURY OCCURRED  Vhile Not while for	ED. (Enter nature of injury in ACE OF INJURY (Home, fari actory, street, office bldg., et	m. 20f. (City or town		(County) (State)
21. I certify the alive on	orris Raine	ceased from July 12 5 7 and that deott	, 19 <b>.55</b> , 10 n occurred at 4 /2 M.D. 2900 Du	May M, from the c ADDRESS (Street, cit) Inran Rose Ore 22, Ma	couses ond on to yor town, stote) ad aryland	last sow the deceosed the date stoted above DATE SIGNED
REMOVAL (Specify) Burial	5/25/59		rt of Mary		ore Co.	Maryland
23. FUNERAL DIDECTOR	Frooks Du	adly Dunda	72- 00	TO BY REGISTRAR STATE AY 2 6 '59	24b. REGISTRAR'S SI	

A \$2 40 3 1 TOWERS THE STREET to diversion verses diduce and the control of th the first and with the begins a first of the man mag to a second of the sec A CONTROL OF THE PARTY OF THE P Unat Mac. SS appropriately milerum . . as etambia at the deal to deal beyond

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the content cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the content was a shauld be farwarded. The Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation, or remaval. VS. A15ME(5) 5M 9/55

to	Ιt	tem 20 Film 243 b=1-59 ams	ENT OF HEALTH—BALTIMORE, 18 S CERTIFICATE OF DEATH	05365
M		PLACE OF DENIR 78 o. COUNTY Bultemore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maylaw b. COUNTY	. No.
×		b. CITY OR TOWN   It outside corporate limits, write RURAL ond give nearest term)   c. LENGTH OF STAY IN 1b ond give nearest term)   d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress)	c. CITY OR TOWN (If Subside corporate limits, write RURAL and g  X Old They Mells, Belling  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	- [	NAME OF DECEASED (Type or print)  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 78	Last 4. DATE OF Month OF DEATH 9. AGE (In years I IF UNDER IY	Doy Year 1957 YEAR IF UNDER 24 HRS.
	10a.	M C WIDOWED DIVORCED	July 10, 1903 loss birthdor) yes. Months Do	Hours Min.
	15.		14. MOTHER'S MAIDEN NAME Mary Co- Birch NFORMANT. MIS Currenda Morre Debesor To	niel Bra
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ### PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	us. want mine every	INTERVAL BETWEEN ONSET AND DEATH
1	100	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	20s <del>Y</del>	
2	FICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
03	MEDICAL CERTIFI	CAUSE OF DEATH.  Truck overturned of the control of	On Lyons Mill Road  CE OF INJURY (Home, farm, 20f. (City or town) (Count ory, street, office bldg., etc.)	
03	×	21. I certify that I took charge of the remains described about		Ito Md  Dr. ond find that
2		ACTUAL SIGNATURE William Vygoration STANDER'S NAME (Typo)	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   5-17-	DATE SIGNED
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)  May 20, 1959 St. Lukes Cr.  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	CREMATORY 22d. ACCATION (City, town, or county)  NUMBER STATE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	(State) Indi
160	3	Joseph L. Kuss 2222 W. north Um.	-/ Sully may 1 9 59 Change	Thank

MEDICAL EXAMINATES CERTIFICATE OF DEATH

ofter death. Page 4 funeral director,

Pages 1 and 2 should be filed with

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5379 **CERTIFICATE OF DEATH** 

05366 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Baltimore		MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) on STATE Maryland b. COUNTY
b. CITY OR TOWN (IF RURAL and give near Fort Howard	outside carporate limits, v rest town)	rite c. LENGTH OF STAY IN 76 Days	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  **Baltimore**
OR INSTITUTION	l (If not in hospital, give <b>dministrati</b> e		d. STREET ADDRESS 7103 Heathfield Road (12)  e. IS RESIDENCE ON A FARM? YES \( \text{NO} \text{NO} \)
3. NAME OF DECEASED (Type or print)	First WARRE	Middle W.	SPEDDEN 4. DATE Month Day Year SPEDDEN DEATH May 28 19 59
5. SEX Male		MARRIED NEVER MARRIED	lost birthday) Months David House Min
General Office 13. FATHER'S NAME	ce Clerk	106. KIND OF BUSINESS OR IN Railroad	INDUSTRY 11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland  14. MOTHER'S MAIDEN NAME  12. CITIZEN OF WHAT COUNTRY  U. S. A.
George Species. WAS DECEASED EVER	IN U. S. ARMED FORCES		Della Shakespeare  17. INFORMANT Address
	yes, give wor or dates of service		Clin.Rec., Vet. Adm. Hospital, Ft. Howard, Maryland
Canditions, if any gave rise to import the couse (a), stoting the lying couse lost.  Part II. OTHE  CARCINOM 20a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY M.	Which mediate under DUE TO (c) C C C C C C C C C C C C C C C C C C C	GENERALIZED MET  ONS CONTRIBUTING TO DEATH  LOBE OF THYROID  D. DESCRIBE HOW INJURY OCCU	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  URRED. (Enter nature of injury in Port I or Part II of item 18.)
Y 20c. TIME OF INJURY Haur o. m. p. m.		20d, INJURY OCCURRED 20e While Nat while at work   at wark at work	De. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or tawn) (County) (State)
21. I certify the	SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	May 1	eath accurred at 2:30P. M. from the causes and an the date stated above ADDRESS (Street, city or town, stote)  M.D. VAH, FORT HOWARD, MARYLAND  VAH, FORT HOWARD, MARYLAND
220. BURIAL, CREMATION REMOVAL (Specify) Burial		22c. NAME OF CEMETER Druid Ridge	ERY OR CREMATORY 22d. LOCATION (City, town, or caunty) (State)
23. FUNERAL DIRECTOR'S Wm.J.Ticknet		North Penns	sylvania Ave. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has may be referred by the haspital or attending physician.

O FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 an the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO FUNERA VS A15 (4) 15M 10/57

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15M 9/58

05367

e. IS RESIDENCE ON A FARM? YES NO

Year

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Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

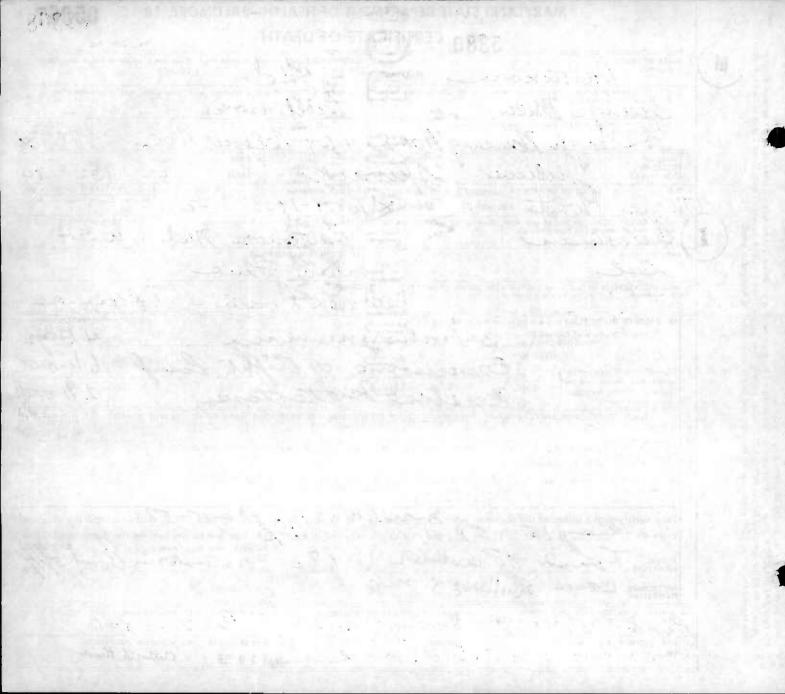
PERFORMED? YES NO P

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(Stote)

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(County)



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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	TO FUNERA RECTOR: After this certificate has been signed by the ottending p	(4	)
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o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marvla)		. If institution F		ore admission)
	years	c. CITY OR TOWN (IF of Dundal)	utside corporate lin	nits, write RURA	L and give ne	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION Rita Road	) =	d. STREET ADDRESS / 1715 R:	ita Roa	đ		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CATHERINE RACHEL	Middle EVA SPOHI	Losi	4. DATE OF DEATH	Month Ma	ay lsi	
5. SEX   6. COLOR OR RACE   7. MARRIED □   White   WIDOWED ☑	DIVORCED	B. DATE OF BIRTH Dec.8,1876	9. AG		INDER 1 YEAR	Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	OF BUSINESS OR INDUS	Pennsylv	ania		USA	OF WHAT COUNTR
13. FATHER'S NAME  Jeremiah Shindel		Anna Ba	-			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or dates of service)		G.Spohn	Same	Address as #2		
18. CAUSE OF DEATH [Enter only one couse per line for (c) PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause lost.  (c)	RIOSKLE	ERBTIC CA	DISER	TSEVL T	R ON	ERVAL BETWEEN SET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE H OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMI			N PART 1(0)	P. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED 20e. PL/ foc	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or tow	vn)	(County)	(State
21. I certify that Lattended the deceased from alive an S. J. 19				causes and ity or town, state	an the da	te stated above DATE SIGN
	D		timore 2			
REMOVAL (Specify) 5/5/59 M:		le Mennonit		lersvi	lle,Pe	
23. FUNERAL DIRECTOR'S SIGNATURE	Dunda:		by REGISTRAR Y 4 '59	24b. REGISTRAI	r's signatui 47 S. Kra	

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ON A FARM?

YES NOT

Year

PERFORMED? YES NO

(Stote)

DATE SIGNED

Hours

1959

death. VS A15 (4) 15M 19/57 HEART SO STADELINES THE

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5382 CERTIFICATE OF DEATH

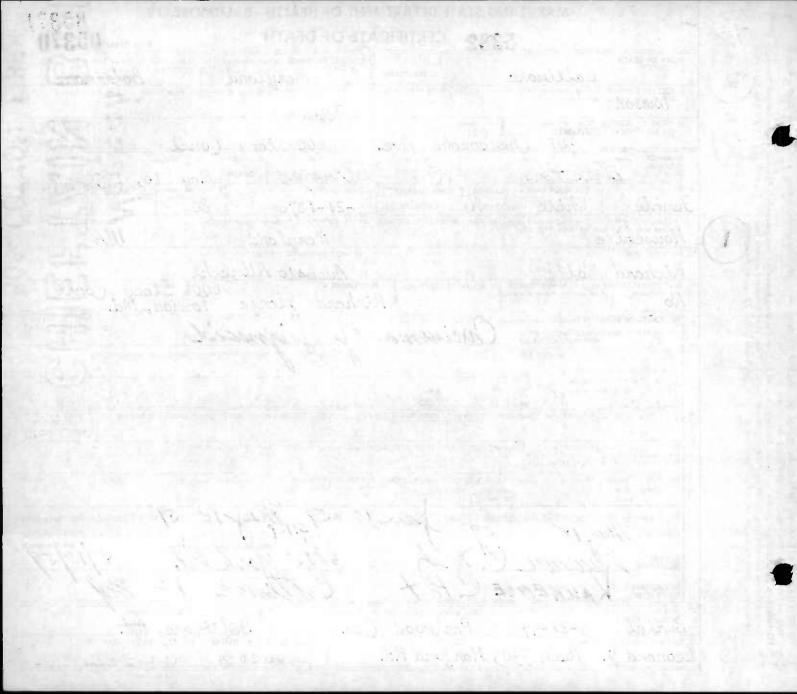
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. N25370

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAN	I G STATE A.	CE (Where deceased liveral and	ed. If institution: I b. COUNTY	Residence before admission) Baltimore
b. CITY OR TOWN	(If autside carporate limits, wri nearest town)	te c. LENGTH OF STAY IN 1	55 T.		limits, write RURA	L and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give s. Towson Convert	scent Home sone are Ave	d. STREET ADDR	Stacy (	ourt	e. IS RESIDEN ON A FAR YES NO
3. NAME OF DECEASED (Type or print)	BERTHA	Middle	STANG	4. DATE OF DEATH	Month May 18	Day Year 1959 19
Female	1111 . ,	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9-21-18	78		Onths Days Hours N
Housews	riging life, even if retired)	06. KIND OF BUSINESS OR IN	Mar	(State or foreign count	γ)	12. CITIZEN OF WHAT COUN
Richard	Wolff		14. MOTHER'S MA	den name ta Albrec	ht	
1S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Richard.	Stange 6	100 Addes	cy Court
	the under-	or Jine Por (o), (b), and (c).]	e of I	ignoc	'L	INTERVAL BETWE
PART II. OT	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH			14146	IN PART 1(o) 19. WAS AUTO PERFORMEI YES NO
O (IF EITHER, NOTIFY	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUI	KKED, (Enter nature at inj	ury in Port i or Port ii d	or item 16.)	
20c. TIME OF INJUI Hour o. m. p. m.	w w	d. INJURY OCCURRED 20e. hile Not while work of work	PLACE OF INJURY (Hom factory, street, affice blo		town)	(County) (S
21. I certify the alive an	hat I attended the deciliary 18	-a	10, 1959, 10 de	O May I	causes and a	at I last saw the decement the date stated above.
220. BURIAL, CREMATIC JEMOVAL (Specify		22c. NAME OF CEMETERY		22d. LOCATION	N (City, town, or co	ounty) (State)
23. FUNERAL DIRECTOR Leonard	r's signature Ruck 530	ADDRESS 5 Harford Ra	/	TE MAY 2 0 '59		AR'S SIGNATURE



VS A15 (4) 1SM 9/5B



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5383 CERTIFICATE OF DEATH

no Diet No

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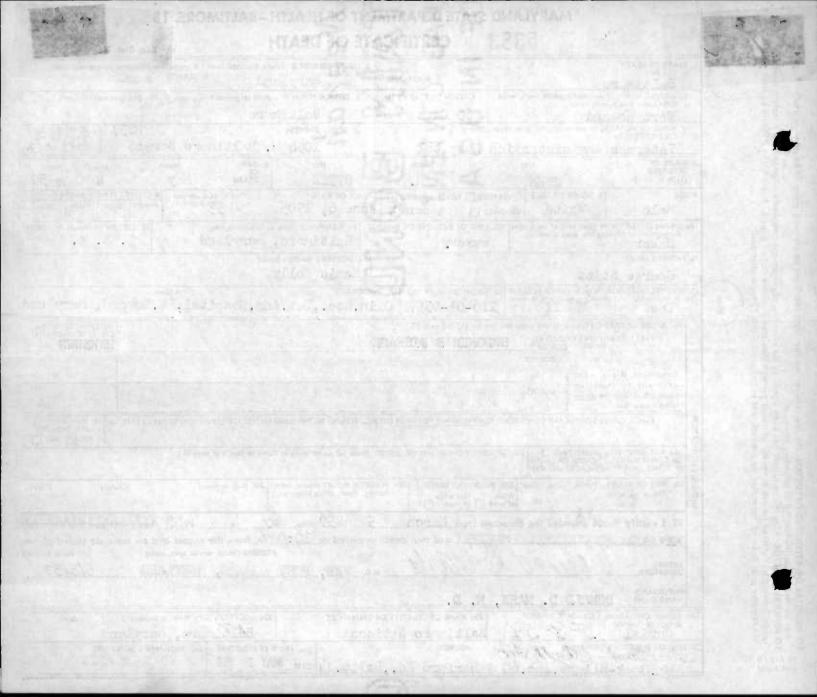
		0 0 1)						Reg. Dist.	. No.	To a land
1. PLACE OF D			MARY		USUAL RESIDENCE (WI		l lived. If institution b. COUNTY	n: Residence	before adm	ission)
	imore				Maryla					
	TOWN (If outside corporate fimile ad give nearest town)	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If	outside corpo	rote limits, write RI	JRAL and give	ve nearest to	wn) 🔻
	Howard		60 Days	9,30	Baltin	nore	31	101-1	4	
	F HOSPITAL (If not in hospital, g TUTION				d. STREET ADDRESS		01	(23	e. IS R	ESIDENCE A FARM?
Vete	rans Administra	tion	Hospital		1054 V	A. Bar.	timore St	reet	YES	□ NO □
3. NAME OF DECEASED (Type or prin	First JOHN	s†	Middle $ m M_{ullet}$		STITZ	4. DATE OF DEATH	Mont May	h	Day 4	Year 19 59
S. SEX Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIE		ne 6, 1905		9. AGE (In years 53 birthdoy) yrs.	Months D	YEAR IF UN lays Hour	
10a. USUAL OC during mos Bake:	CUPATION (Give kind of work of of working life, even if retired)		KIND OF BUSINESS O	R INDUSTRY	Baltimore				S. A.	
13. FATHER'S N.	AME			1	. MOTHER'S MAIDEN	NAME				
Geor	ge Stitz				Mamie Kelly	7				
	ASED EVER IN U. S. ARMED FOR	rvicel	SOCIAL SECURITY NO.		RMANT 1.Rec., Vet.	Adm. Ho	spital,Ft		rd, Ma	rylan
20 / Conditio	E OF DEATH [Enter only one con the control of the c	HO	ne for (o), (b), and (c).  DGKIN'S DIS	and the same					INTERVAL ONSET AN UNKNO	DEATH
PAR	TI. OTHER SIGNIFICANT CON		CONTRIBUTING TO DEA	ATH BUT NO	RELATED TO THE TERMI	INAL DISEASE	CONDITION GIVE	EN IN PART I	PERF	S AUTOPSY FORMED?
	DENT WAS UNDERLYING DEBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter noture of injury in	Port I or Part	If of item 18.)			
	DF INJURY Month, Day, Yea o. m. p. m. 19	While of wor	_ Not while _		OF INJURY (Home, form street, office bldg., etc		or fown)	(Co	unty)	(Slote)
21. I cer	tify that attended the	decease	ed from March	5	, 1959 to M	ay 4	1959	XXXXX	XXXXXX	XXXXX
ACTUAL SIGNATURE	Wouce a	0090	Mark			ADDRESS (SH	reet, city or town, s	itote)		nted above DATE SIGN
PHYSICIAN NAME (Typ	DONALD D. M									
220. BURIAL, CE REMOVAL Buri	(Specify) 5-8-5	9	22c. NAME OF CEME Baltimore			12.00	ion (City, town, o timore, I			ote)
71mg	RECTOR'S SIGNATURE OF LINC.	6000	ADDRESS Harford R	d. Ba	. A	D BY REGISTI		TRAR'S SIGN		

Maryland

after death. Page 4 may be retained by the haspital ar attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be reto VS A15 (4) 15M 10/57

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5384

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05373 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Parkville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	utside corporate limits, wr	ite RURAL and give n	earest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not in 2600 Block Windsor Road)	AND THE REAL PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	d. STREET ADDRESS	Middle Rive	r Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) DECEASED	Middle A JEAN	STOKES 4.	OF MEATH ME	onth Doy	Year 19 59
5. SEX Female 6. COLOR OR RACE 7. MAS Colored WIDOW		DATE OF BIRTH	9. AGE (In years lost birthday) 21 yr	Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10t during most of working life, even if relired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME ROOSE VELT HILL		14. MOTHER'S MAIDEN NAM			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   (Yes. no. or unknown)   (If yes, give war or dates of service)		lora Hill 5	45 Orchal		
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	contributing to DEATH BUT N		aldisease condition c		9. WAS AUTOPSY PERFORMED? YES 178 NO 1
CAUSE OF DEATH.	Shot during alt	ercation.			
Hour 100. 5/8 1959 W. of 21. I certify that I taak charge of the	hile work of work of octor			, Inquiry [	ore Md.,
death resulted from: Natural causes  ACTUAL SIGNATURE	Mella.	M.D. CHIEF MEDICAL EXAM	_	cause [_].	DATE SIGNED 5/9/59
examiner's Paul F. Gue:	rin, M.D.	DEPUTY MEDICAL EXA		n. or county)	(Stote)
REMOVAL (Specify) 5/14/5-9  23. FUNERAL DIRECTOR'S SIGNATURE	Mt. Calvary	Cem.	Ann Arend	1 / 4	F Md.
9. Holstear 918	- proid Hill 1	FUE DATE MAY		arothur & the	

VS. A15ME(5) 5M 9/55

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VS A15 (4) 15M 9/55

		ND STATE DEP	ARTM	ENT OF HE	EALTH	-BALTI	MORE, 18	3		
	5.	385 CER	TIFICA	TE OF D	EATH			Reg. Dist. No	1153	74
1. PLACE OF DEATH o. COUNTY BALT	MORE	MA	RYLAND	2. USUAL RESIDE	ENCE (Whe	re deceased liv				
b. CITY OR TOWN (If out RURAL ond give neares		rite c. LENGTH OF ST	AY IN 16	c. CITY OR TO	OWN (If ou	tside corporate	limits, write RU	RAL ond give m	earest town)	1100
BALTINORE	#4	14/2	VRS.	BALT	1 M	ORE	31	101-4		/
d. NAME OF HOSPITAL (I OR INSTITUTION HOLLY HILL	f not in hospital, give s MANOR) 5	treet address) 31 STEVENSO	LANE	d. STREET AD		H WOOL	DR.		e. IS RESID	ARM?
3. NAME OF DECEASED (Type or print)	VCENT	GILP11	dle V	STUB STUB		4. DATE OF DEATH	MAY	30-		959
5. SEX 6.	COLOR OR RACE 7.	MARRIED NEVER MA	RRIED   8	B. DATE OF BIRTH		9.	4 1 4 2 4	FUNDER 1 YEA	R IF UNDER	24 HRS.
M	WI WII	DOWED A DIVOR	CED 🗌	4-23-	186	9	90 yrs.	Manths Days	Hours	Min.
10a. USUAL OCCUPATION (C during most of working I	sive kind of work done ife, even if retired)	106. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLA	CE (Stote o	r foreign count	DA.	12. CITIZEN	S A	OUNTRY
13. FATHER'S NAME			11.1	14. MOTHER'S A	MAIDEN NA	ME		0 1	, ,	
V. GIL	IL S APMED FORCES	16. SOCIAL SECURITY	NO 117 III	ELL	ZA	BETI	Addre	PIER	SON	/
[Yes, no, ogruphfown] (If yes	, give war or dates of service	NONE	V	.G. Suf	ha.	58067	arthur	of Dr. 1	Bulla	Zud
		per line for (o), (b), and	(c).]					IN.	TERVAL BET	WEEN
PART I. DEATH V	VAS CAUSED BY: MEDIATE CAUSE (0)	HOUTE	+4	LMONITI	24	CDCA	19		15 A	2/14
422.1	DUE TO	^								
Conditions, if any,		HRTLRIOS	CALA	20710 1	GARi	DIOVASI	CULAR	1),	YUA	15
couse (o), stoting the		Paran		8,00	_ /	0	7 . 15 .		en 7	
lying couse lost.	) (c)		NIA	11719			K0130		2 /2	1395
ICATI	191	ONS CONTRIBUTING TO						N IN PART 1(o)	PERFOR	MEDA
200. ACCIDENT WAS UP OR CONTRIBUTING C	DERLYING 206 AUSE OF DEATH ICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED	. (Enter nature of	injury in Po	ort I or Port II c	of item 18.)			
Y 20c. TIME OF INJURY A Hour o. p. m.	v	Nod. INJURY OCCURRED While Not while It work at wark	20e. PLA fact	CE OF INJURY (He lory, street, office I	ome, farm, bldg., etc.)	20f. (City or	lown)	(County	)	(Stote)
21. I certify that I	attended the de	ceased fram, MA	een g	, 1958,	to M.	A4 30	, 1959	that I last s	aw the d	eceasea
alive an MAY.	29			occurred at /						
	1014	/			A	DDRESS (Street	, city or town, st	ote)		E SIGNED
ACTUAL SIGNATURE	Henre	- G		A.D	215	40R	15	Rel	1464	30,
PHYSICIAN'S NAME (Type)		BLE, JR.	M.D	B,	ヨムフ	INOR	6 1		2460	2
220. BURIAL, CREMATION,	6-2-195°	9 Faux.	Hone Thom	CREMATORY (Qu		Taura	(City, town, or	county)	(Stote)	Pa
23 FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS	A	0	24a. REC'D	BY REGISTRAR				
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DATE

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BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/55 I

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
		CENTIEIC ATE	OF	DEATH	

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210	5.3	187 CERTIFIC	AIL OF DEATH		Reg. Dist. No. UUDIO
	Baltimore	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write R	URAL and give nearest town)
	Authenville	e	Lakeland,	Florida	48x-3
	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	treet address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
)	College Manor		-Luthervill	le, Marylan	TES NO
	3. NAME OF First DECEASED (Type or print) Frances	Middle S. Tarvid	Lost	4. DATE Mon OF DEATH May	th Day Yeor 3 19 59
П		MARRIED M NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
	77 7.71 2 4 -	DOWED DIVORCED	Mar.10,189	ost birthday)	Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDI			12. CITIZEN OF WHAT COUNTRY?
1	and the same of th		Lithuania		U.S.
)	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Peter Shakimskas		Susan Kail	karis	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	1055
	(Yes, no, or unknown)   (If yes, give wor or dates of service)	None A	lexander A. 1	Farvid, Lal	keland, Florida
	18. CAUSE OF DEATH [Enter only one couse p	per line for (o), (b), and (c).]			INTERVAL RETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Wremin	K.		ONSET AND DEATH
	592 × DUE TO	1	1	1	
	Conditions, if ony, which ) (b)	Chronic	- glomenu	la nelelisat	is 3 yrat
	gave rise to immediate Couse (a), stating the under-				
	lying couse lost. (c)				
		ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART I(o) 19. WAS AUTOPSY
)	PART II. OTHER SIGNIFICANT CONDITIO				PERFORMED? YES NO
		DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	rt 1 or Part II of item 18.)	
		Od. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form,	200 10:1	
	Hour o. m.	Vhile Not while fe	octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	¥ p. m. 19 at	work at work	1	1	
	21. I certify that I attended the dec			1	that I last saw the deceased
	alive on May 3, 1	1927, and that deat			nd an the date stated above.
	ACTUAL E	2	Al Al	DDRESS (Street, city or Jown,	state) DATE SIGNED
,	SIGNATURE CONCOL C	. Drown	M.D	Celver J	1 2/1/5
	PHYSICIAN'S NAME (Type)			******	
	220. SURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 2	2d. LOCATION (City, town, c	4
	REMOVAL (Specify) 5-8-59			Lakeland	, Florida
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	8Y REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
	Wir Coals-Toursen	luc 1050 You	LRD. DATE MI	AY 6 '59 C	Inthus & Kroug

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VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

5388

()5377 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY B	altimore	Ţ,	MAR	YLAND 2	STATE			lived. If institut b. COUNTY			ssion)
b. CITY OR TOWN (II  RURAL and give ne  Stone	f outside corporate timi carest town) Leigh (4)	ts, write c	10 yes			ROCK H		ate limits, write I	RURAL and gi	ve nearest law	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g ingston F	ive street ad	dress)		d. STREE	T ADDRESS				ON	SIDENCE A FARM? NO 2
3. NAME OF DECEASED (Type or print)	EVA REF	SECCA	TAYLOH	3		Lost	4. DATE OF DEATH	May 3,		Doy	Year 19
5. SEX Female	6. COLOR OR RACE White	7. MARRIED	37		OV .	1RTH 22,188		9. AGE (In years last birthday) yrs	Months [	YEAR IF UNE Days Hours	
100. USUAL OCCUPATION during most of work Housewi	ing life, even if retired	1	or Business of Home	DR INDUSTR		HPLACE (Stote of arylan	_	untry)	US	ZEN OF WHA	T COUNTRY?
13. FATHER'S NAME			-4-			R'S MAIDEN N					
Lucie	n Thomas			4-71	C	atheri	ne '	3			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war ar dates of s None	CES? 16. SO	None		ford	Taylo	r, 81	Add L7 King	ston	Rd.,T	owson
Conditions, if or gave rise to it cause (a), stating lying cause lost.  PART II. OTHER	mmediate (	)	NTRIBUTING TO DE	Mer.	OT RELATED	TO THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	1(o) 19. WAS PERF-	AUTOPSY ORMED?
	C III IDERIVATO E	201 DECCA	IBS HOW IN HIRE	CCURREN				W -6 % - 30 %			] NO [
U (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ZUB. DESCRI	IBE HOW INJURY C	CCURRED.	tnier noivi	e of injury in P	art I ar Part	If of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While at work [	Nal while of wark	20e. PLACE factor	OF INJUI y, street, a	Y (Home, form, ffice bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)
21. I certify, the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	194		death of		6 10 PM	AM Fram ADJRESS (SI)	the causes fet, only or jown.	and on the		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	May 6.1	)F	Wesley ADDRESS			emeter	y Ro		. Mar	yland	ote)
	illiams.	Che	stertown	n. Ma	rvla.		BY REGISTI		ISTRAR'S SIGI		

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moy be retained by the hospitol or attending physicion.	D FUNERAL DESCRIPTION: After this certificate has been signed by the ottending physician and completely filled in by funeral director.	n	the registron prior to harring presention or semonal and in one event within 72 house often don'th
) ~	5	0	
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VS A15 (4) 15M 10/57

1. 1	PLACE OF DEATH COUNTY Ba	ltimore		MAR	YLAND	2. USUAL RESIDENCE (W o. STATE Mary		ed lived. If institu b. COUNT	v	e before odmi	_
	b. CITY OR TOWN (I RURAL ond give ne	f autside corporate limit orest town)	s, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (IF			RURAL and g	ive nearest to	wn)
	Catonsv	ille		1mthl4dys	5	Edgewater	, Marj	rland	02 X	- 2-	
	OR INSTITUTION	AL (If not in hospital, gi		oddress) SPITAL		d. street address Woodland,	Beach			ON	A FARM?
	NAME OF DECEASED (Type or print)	Kath]		Middle A •	e	Taylor	4. DATE OF DEATH		onth Y	Day 28	Year 19
5. 5	female	6. COLOR OR RACE white	7. MARI		-	B. DATE OF BIRTH NOV. 18, 1	.876	9. AGE (In years last birthday)	Months	Doys Hours	-
100	. USUAL OCCUPATION	ON (Give kind of work d				STRY 11. BIRTHPLACE (State		0 00		ZEN OF WHA	T COUNT
	housewife	ing life, even it retired)				Ire	dland			reland	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
	Unkno		ree la			Unkne	wn				
		R IN U. S. ARMED FORG		SOCIAL SECURITY NO		NFORMANT	MO OT		dress	SPITAL	
ur	aknown	TH [Enter only one co		Unknown		cords: SPRI	NG GI	OVE STA	IL UC	INTERVAL	
	422.1 Canditions, if or					cardiovascul riosclerosis	ar di	sease			D DEATH
	Canditions, if or gave rise to it couse (o), stoting lying couse lost.	DUE TO  ny, which (b) mmediate the under- (c)	Ger	neralized	arte:	riosclerosis					
ATION	Canditions, if or gave rise to it couse (o), stoting lying couse lost.	DUE TO  ny, which (b) mmediate the under- (c)	Ger	neralized	arte:	riosclerosis	IINAL DISEA		IVEN IN PART	1(o) 19. WAS	S AUTOPS'
CERTIFICATION	Canditions, if or gave rise to it couse (a), stoting lying couse lost.  PART II. OTh	IMMEDIATE CAUSE (o) DUE TO  ny, which mediate the under.  IER SIGNIFICANT COND	Gen	neralized	arte:	riosclerosis	iinal Disea	SE CONDITION G	IVEN IN PART	1(o) 19. WAS	S. AUTOPS
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TENDIN	OR: Afte	etached	o burial,
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur offer death. Page 4	may be reto by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been significant.	page 3 should be detached far use as the burial-transit permit. Then please remove safbon papers. Pages 1 and 2 should be filed with	the registror priar to burial, cremotian, or remayal, ond in any event within 72 hours after death.
OSPITA	y be ret	ge 3 sho	registro
TO H	TO F	od	the

VS A15 (4) 15M 9/58

	MARYLAN 5390	ID STATE DEPARTA Items 8,9 Fill CERTIFIC	MENT OF HEALT LmG242 5-14- ATE OF DEAT	59 et	0	5379
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary)	Where deceased lived. If institution b. COUNTY	ion: Residence befo	ore admission)
b. CITY OR TOWN RURAL ond give Gray Mai		c. LENGTH OF STAY IN 1b		f outside corporate limits, write R		
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol, give st 205 Oakwood 1		/ d. STREET ADDRESS 205 Oakw	ood Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ELIZABETH	Middle T. TRA	Last NSIK	4. DATE Mor	orth Do	Year 19 59
5. SEX Female	White WID	AARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 9' 1890 6'968'yrs.	Months Doys	Hours Min.
At home	TION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR INDI	Czechoslo	vakia	U.S.	F WHAT COUNTRY A.
13. FATHER'S NAME Miche	ael Stanka		Mary Nemsh			
15. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Steve Transik	205 Oakwood Ro		
	g the under-	Coronary  Hypertes.	inffici	Edong Vescular de	ON /	O + yrs
5 092x	Offections	NS CONTRIBUTING TO DEATH BU  LESS ALLES  DESCRIBE HOW INJURY OCCURR			VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	URY Month, Doy, Year 20	id. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, fa octory, street, office bldg., e	rm, 20f. (City or town)	(County)	(Stote
olive on	that I attended the dec	9.59 , and that deat	7 , 1953 , to h occurred at 230 (	M, from the couses or ADDRESS (Street, city or town,	nd on the dot	w the decease e stoted above DATE SIGNE
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMAT REMOVAL (Specif BUTIAL	J. FLA  10N, 22b. DATE THEREOF (y) May 9, 1959	22c. NAME OF CEMETERY OF Sacred Hear		22d. LOCATION (City, town, Dundalk. Mo		(Stote)
23. FUNERAL DIRECTO		ADDRESS	24a. RE	C'D 8Y REGISTRAR 24b. REGI	STRAR'S SIGNATU	IRE

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VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05380

2031	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Baltsmare 19 MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURA/ and give nearest town)  A CLENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES   NO
3. NAME OF DECEASED (Type or print) EDWARD WILLIAM	TURNER DEATH MAY 25 1959
5. SEX ale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [	1/0 1/C/C/L ( loy bighdoy) Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 doing most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY  LL. S. A
13. FATHER'S NAME Edward. Teurner.	14. MOTHER'S MAIDEN NAME Wary ( worden nameunknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or doles of service) 2/3-09-2005	17. INFORMANT Address Address (wife ) address #
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  ULYO CAVE	deal failure . Sudden
Conditions, if any, which) (b) Stepherley	sine Cardio Moular disesse. Sepos
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	
Item plegia	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum NO \( \sum \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter noture at Mjury in Part I ar Part 1 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Hour o. m. 19 While Not while of work of or work of the control of of the con	e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  (County) (State)
21. I certify that I attended the deceased from OCA-1 alive an WAM 25, 1959, and that de	8, 1955, to May 25, 1959, that I last saw the decease eath accurred at 10 P. M. from the causes and on the date stated above
ACTUAL RELIES N. Wolling	ADDRESS (Street city or town, state)  ADDRESS (Street city or town, state)  ADDRESS (Street city or town, state)  ADDRESS (Street city or town, state)
PHYSICIAN'S NAME (Type) ADVIS N. TOLLIN	Balto 19. ma
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify) 5-29-59 9Mt Call	ry or CREMATORY 22d. LOCATION (City. town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	CASO SMIL 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  MAY 2 7 '59 Orllang & Kraug

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& Sons Inc. North and Penna Aves.

Balto., Md.

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e. IS RESIDENCE

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PERFORMED?

YES TO NO

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DATE SIGNED

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(County)

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# 24 haurs after death. If ony delay ignecessory, please Habitee Pages 1, 2, and 3 to the funer director. Page Habitee Pages 1, 2, and 3 to the funer director. Page Habitee Pages 1 and 2 with the State Board of Health. HIS A event within 72 haurs after death.

RECTOR

FUNERAL

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VS. A15ME

5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05383

arthur S. Krous

DATE MAY 1 1 '59

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Roltimore a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 owson owson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? eld Road YES TO NOW NAME OF Middle DATE First DECEASED May 8th (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE |In years FUNDER TYEAR IF UNDER 24 HRS. Months WIDOWED [ DIVORCED [ 66 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Ketired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT If yes, give war or dates of service Mrs. Margaret Wagner, 3 Ridgefield Road. 18. CAUSE OF DEATH [Enler only one cause per line for/(a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candilians, if any, which) gave rise to immediate cause DUE TO (o), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) Not while of work of work 21. I certify that I took charge of the remains described above, held an Autapsy \(\pi\), Inspection F and in my apinian death resulted fram? Natural causes Accident | Suicide | , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

305 Hartord Road #14

	ERIS CERTIFICATE OF DEATH		
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05384

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Year Day 195 V 17 9. AGE (In years FUNDER LYEAR IF UNDER 24 HRS last birthdoy) Months Days Min. 12. CITIZEN OF WHAT COUNTRY? 3001 + D9E INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES INO

(County) (Stote)

9, that I last saw the deceased M. from the causes and on the date stated above. ADDRESS (Street, city ar town, state)

22d, LOCATION (City, town, or county) (State)

24b. REGISTRAR'S SIGNATURE arihun S. Kraus

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 10/57

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after death: Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

05385

RURAL ond give n			c. CITY OR TOWN	more	rate limits, write R	URAL and give	e nearest tov	vn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give stre 5519 Will3		d. STREET ADDRES		Avenue		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Lorena		alter	4. DATE OF DEATH	May	25,	Day	Year 19 59
female		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  Dec. 11,	1886	9. AGE (In years last birthday) 72 yrs.	Months Do		Min.
00. USUAL OCCUPATION during most of wor NEHREA  3. FATHER'S NAME  Louis K	king life, even if retired)	Shot Lyspech	Balti 14. MOTHER'S MAID	more EN NAME		ι	J. S.	A .
	R IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. I	INFORMANT	rine K	ithmille Add		519	Willy
no	(If yes, give war or dates of service)	12 03 0717	Catherine	L. Mes	serschi		Ave	
Conditions, if a gove rise to it couse (a), stating lying couse lost.	ony, which the under (c)	tastatic carcin rcinoma of the	sigmoid		E CONDITION GIV		Unkn	own own
	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injur	y in Part 1 or Par	t II of item 18.)			ORMED?
OR CONTRIBUTING	MEDICAL EXAMINER)					10-	nty)	
20a. ACCIDENT W.	RY Month, Day, Year 20d Whi		ACE OF INJURY (Home, ctory, street, affice bldg.	form, 20f. (Cit)	or town)	(C00		(State)
20c. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 20d 19 Whit of w	ased fram. Febe 26, 59, and that death	1959, to accurred at 83	Ma:  Ma:  Ma:  Ma:  ADDRESS (S)  Pressure	y 25,,1959	, that I last and an the state)	date stat	decease

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SS10 Willy Avenue	o e imi	Mesersei	.atherine L.	071	212 01		no
0.70							

Buntal 5/28/50 Laudon Park Palmimore, Maryland Foward H. Hubbard 1107 Wilkens Avenue

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is 1st assary, please execute the difficate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funery rector. Page 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotian, or removal, and in any event within 22 hours after death.

VS. A15ME 5M 2/57

FOR STATE HEALTH DEPT.
0.00

5397

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Dist.	MA. O O - O	

Reg.

				2.	O. STATE	Where decease	ed lived. It institu		before damission)
	Baltimore		MARYL	AND	New Y				
and give nearest	m 9	FURAL	c. LENGTH OF STAY II	di h	c. CITY OR TOWN (I		porote fimits, write	RURAL ond gi	ve nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					view		67X	e. IS RESIDENT
	Rural	ir not in nosp	mor, give sireer dedress,		d. STREET ADDRESS	Lane			ON A FARM
3. NAME OF DECEASED	Fire	st	Middle		Losi	4. DATE OF	Monti	h (	Day Year
(Type or print)	SAM		WAI	REN	(WEINSTEIN	DEATH	May		12 1959
5. SEX	6. COLOR OR RACE	7. MARRIE	D MEYER MARRIED				9. AGE (In years 7 Part birthday)	IF UNDER TYE	-
M	W	WIDOWED	DIVORCED [	] Fe	b. 22, 19	51	yrs.	Months Day	ys Hours Min.
Sales Mai	ATION (Give kind of work orking life, even if refired)		eel Compan		New Y		ountry)		S. A.
13. FATHER'S NAME		an -		14.	MOTHER'S MAIDEN		nown)		
S MAC DECEASED	0		OCIAL CECUPITY NO	12 151501					
[Yes, no, or unknown]	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFOI			Address		
no				West	minster C	hapel	(F.D) B	rooklyr	1, N.Y.
861X	DUE TO		1740		injuries				
Conditions, it gave rise to im (a), stoling the course lost.	f any, which (b)		NTRIBUTING TO DEATH	BUT NOT I		NNAL DISEASE	E CONDITION GIV	VEN IN PART 1(4	PERFORMED?
Conditions, it gove rise to im (o), stoling the course lost.  PART II.  200. EXTERNAL PRIMARY X or CAUSE OF DEA	f eny, which (b) needicte couse (c) DUE TO (c) OTHER SIGNIFICANT CON CAUSE WAS CONTRIBUTING [1]	DITIONS CO	HOW INJURY OCCURR  Airplane  NJURY OCCURRED   200	CTA	RELATED TO THE TERM  noture of injury in Po  Sh  F INJURY (Home, for	nt I or Part II	of Item 18.)	VEN IN PART 1(	PERFORMED? YES X NO
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# HEALTH DEPT

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VS. ALSME SM 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5398 Reg. Dist. No. Glem L. Martim Company PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore County. Maryland b. COUNTY Baltimore MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River. Md. Balto. Life Baltimore e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1325 W. Lafavette Avenue Glem L. Martin Company YES NO NAME OF DECEASED Middle James N. Washington May DEATH (Type or print) IF UNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Colored Marile WIDOWED | DIVORCED T 26 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Painters Helber Painter Baltimore Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Washington Louise Bates 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dotes of service) Ruth Washington 1325 W. Lafavette Ave 1B. CAUSE OF DEATH [Enter only one couse gen line for f(o), (b), and (c). PART I. DEATH WAS CAUSED BY: 916.3 **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11:0119. WAS AUTOPS PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) Minplone 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) Month, Dov. Year 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner DATE SIGNED M D CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. (Stote) REMOVAL (Specify) Balto. Natl. Cemetery Balltimore, Maryland ADDRESS 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR William A. Jackson Funeral Home Inc.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05389 5180 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore b. COUNTY MARYLAND Baltimore Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)
Dundalk 22 Dundalk 22 vear d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION
1772 Melbourne Road d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1772 Melbourne Road YES NO TO NAME OF DECEASED 4. DATE Middle Month Year OF RAYMOND CARL May 3rd. 19 59 WERNECKE (Type or print) 9. AGE (In years last birthday) 52 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days male white WIDOWED 1 DIVORCED | March 12,1907 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Shipyard USA Draftsmen Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herman C. Wernecke Charlotte Rehbein 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 392-03-Thomas L. Wernecke same 18. CAUSE OF DEATH [Enter only one cause per lime for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES T NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d, INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while at work at work That I last saw the deceased 21. I certify that I attended the deceased fram. 7, and that death accurred at 1:00 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL 7001 Mornington Road PHYSICIAN'S NAME (Type) Nevy, M. D. Baltimore 22, Maryland Eugene 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Evergreen Cemeterv Manitowoc, Wisconsin 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Dundalk DATE MAY arthur & Kraus

FAMILY CONTRACTOR STATE TOPE, SE MININ BROWNERSWIE DRIFTED Thomas ... appagain ... samonit THE RESERVE OF THE PROPERTY OF Laitelmore 22, any ar La, cowod litar | Tradama nant gara | Pc\ck

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05390MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5400 Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Michigan b. CITY OR TOWN (If outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b Chase Grand Rapids d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rural Ilda Benjamin S.E. YES TO NO TO retaine NAME OF First Middle DATE Month (Type or print) DEATH 19 59 SUE WESSELL ANN Mav 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. loss birthday) 21 yrs. Months Doys Hours Min. White WIDOWED [ Jan. 23. Female DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo during most of working life, even if retired) Airplane Mich. Hostess 13. FATHER'S NAME poges 14. MOTHER'S MAIDEN NAME Lucille Ludwig Peter Wessell with form 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes, give wor or dates of service) ony Johnkoff Funeral Home-Grand Rapids, Mich. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (o) buriol-transit DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), staling the underlying couse lost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY used PERFORMED? O. YES NO 200. EXTERNAL CAUSE WAS PRIMARY Prof CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) place Airplane crash WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) St. factory, street, office bldg., etc.) Not while 15 p. m. Balto. Md. of work T at work Air over farm Chase 21. I certify that I took charge of the remains described above, held an Autopsy 21. Inspection -Inquiry . opinion death realited from: Natural causes , Accident on, Suicide , Homicide , Undetermined manner designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER M.D. Id ASSISTANT MEDICAL EXAMINER should by EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, fown, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ŏ Remova] Brand Rapids, Mich. 0 23. FUNERAL DIRECTOR'S SIGNIFICARE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE MAY 1 4 '59 5M 2/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

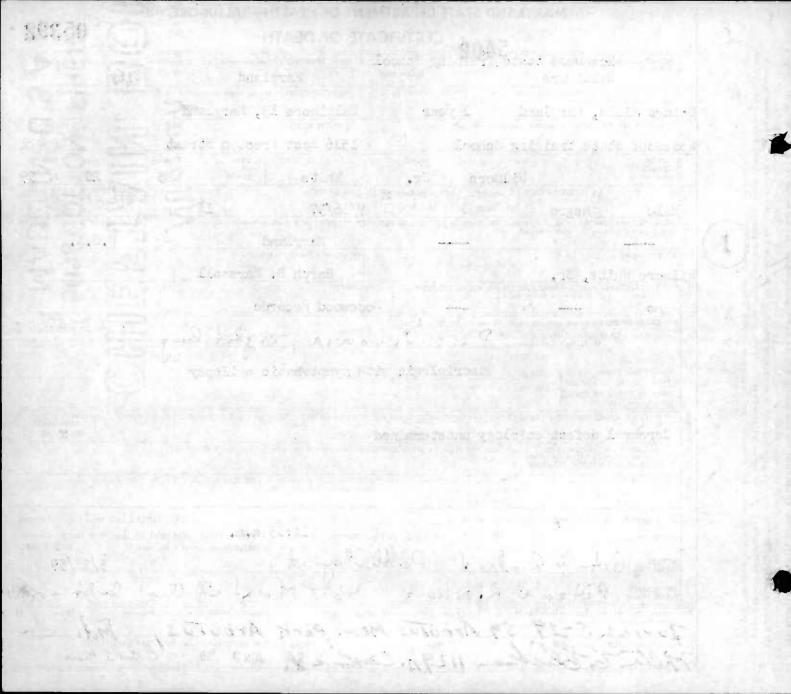
CEDTIFICATE OF DEATH

05392

			540	O. CER	IIIICA	IL OI DEF	X1111		Reg. D	ist. No		
1	PLACE OF DEATH	osewood Sta	te Tra	-	chool ARYLAND	2. USUAL RESIDENCE a. STATE	E (Where decease	d lived. If institut b. COUNTY			re odmissi	ion)
6	RURAL ond give r	If autside carporate limearest town)		LENGTH OF S	TAY IN 16			prote limits, write I	RURAL ond	give ne	arest town	) 🗸
	d. NAME OF HOSPI OR INSTITUTION	Maryland	give street ad			d. STREET ADDRE	SS		<i>3 V</i>	0/_		FARM?
_		ate Trainin	ng Scho	001		1516 East	Prestor	Street			YES [	NO 📆
3.	NAME OF DECEASED (Type or print)	Fii	si Vilmore		ddle	White	4. DATE OF DEATH	Mar 5	nth .	21	4	Year 19 59
5	. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MA	RRIED 📆 B.	DATE OF BIRTH		9. AGE (In years lost birthday)	-		IF UNDE	
	Male	Negro	WIDOWED	DIVO	RCED 🔲	9/16/57		13 yrs.	Months	Doys	Hours	Min.
10	Oa. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	dane 10b. KII	ND OF BUSINES	S OR INDUST	11. BIRTHPLACE (	State or fareign o	country)	12.CIT	IZEN OF	WHATC	OUNTRY
		may may aren in remee	'			Maryl	and			U.S.	.A.	
13	3. FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME		Jen			
W	ilmore Whi	te. Sr.			72.6%	Sarah	B. Marsh	hall				
1		ER IN U. S. ARMED FOR		CIAL SECURITY	NO. INF	ORMANT		Add	lress	17.		
,	no	(ir yes, give war or dates or	ervice)		Ros	sewood Red	cords					
		ATH [Enter only one co	use per line	for (o), (b), and						LINTI	ERVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY:	D	1401	4 144 6	14 1 0	viol	A luna		JON:	SET AND	DEATH
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CEPTIFI	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJUR	Y OCCURRED.	(Enter nature of inju	ry in Port I ar Pai	rt II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	While	URY OCCURRED  Nat while of work	20e. PLAC focto	E OF INJURY (Hame, ry, street, office bldg	, farm, 20f. (City., etc.)	y or town)	(	(County)		(State)
	21. I certify the	nat I attended the	deceased			, 19, to		, 19				
	alive an		, 19	, and tl	hat death o	ccurred at 12:	15 MA	the causes ar	nd an th	e date	stated	abave
	ACTUAL SIGNATURE	of w R.	alie	x) (	oth.	the galy	ADDRESS (S	treet, city or town,	stote)	5/	28/59	E SIGNED
1	PHYSICIAN'S NAME (Type)	Paterli	Ri	echer	+	4307 1	1ainti	eld Ou	۲	136 8	W:-	- 574
2	PEMOVAL (Specify	ON, 226. DATE THEREO	-	ArbuT	-	CREMATORY Par	1 . 4 1	TION (City, town,	ar county)	ha	(Stote	e)
23	. UNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS	1 16		REC'D BY REGIS		STRAR'S SI	GNATU	RE	
1	mill		6-	1129	4 Ca	- 80			arthur	- 1	Traces	

may be renowed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs affer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav TO HOSPITA VS A15 (4) 15M 9/58



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e tuneral directar,	se remove carbon papers. Pages 1 and 2 shauld be filed with	/
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
7/02	CEDTIEICATE	OF DEATH	

5403 CERTIFICATE OF

05393 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimor	·e	MARYLAND	2. USUAL RESIDENCE ( o. STATE  Marylar		ed. If institution b. COUNTY	n: Residence   Balti		ision)
b. CITY OR TOWN (If outside cor RURAL ond give neorest town) Catonsville	porate limits, write	3 years 6 m	c. CITY OR TOWN (	If outside corporate	limits, write RI			m)
d. NAME OF HOSPITAL (If not in or institution Spring Grove Sta			d. STREET ADDRESS 802 Freder	1			ON	SIDENCE A FARM?
3. NAME OF DECEASED	First Bessie	Middle W .	Whitney	4. DATE OF DEATH	Mont Ma		Day	Yeor 19 59
5. SEX 6. COLOR Female Whit		D NEVER MARRIED DIVORCED	18. DATE OF BIRTH		GE (In years out but holdy)  Out yrs.	IF UNDER 1 Y	EAR IF UND	
100. USUAL OCCUPATION (Give kind during most of working life, even Beau by Shop oper					y)	U.S		COUNTRY?
13. FATHER'S NAME Marion	MiLt	ON	14. MOTHER'S MAIDER Catherin	N NAME ne Fisher				
15. WAS DECEASED EVER IN U. S. A [17es. np. or unknown] (If yes, give wo	or dates of service)		. INFORMANT (daugh rs. Marian Be		Addr OO Alta		Ave. B	alto.2
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO  OUE TO  (c)  (c)	iosclerotic alized Arter					NTERVAL BI DISET AND DEC'ELA	l years
PART II. OTHER SIGNIFIC			UT NOT RELATED TO THE TER			EN IN PART 1(d	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX 20c. TIME OF INJURY Month, Hour o.m., p. m.  21. I certify that I attent alive on 31	Day, Year 20d. INJU While of work	URY OCCURRED 20e. Not while of work DCtober	PLACE OF INJURY (Home, fo foctory, street, office bldg.,	orm, 20f. (City or the etc.)	own) 	(Cour	t saw the	
ACTUAL BRUE	Radauskas,	edanska	Cat	ADDRESS (Street,	city or town, s	it. H	103 D.	ATE SIGNED
REMOVAL (Specify)  23. RUNJERAL DIRECTOR'S SICHATUR	3/59	ADDRESS 23	240. RE	CC'D BY REGISTRAR	24b. REGIST	TRAR'S SIGNA	0	1.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH R

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	5404		CERTIFIC	CATE OF	DEATH			Reg. Dist	. No.	115394
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAN	II a STATE		ere deceased l	ived. If institution b. COUNTY	n: Residence Balt		
RURAL and give r	(If outside corporate liminearest tawn)	ts, write	c. LENGTH OF STAY IN 1		Woodla		te limits, write RU	JRAL and giv	ve neares	t town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, o			d. STREET	ADDRESS	wn Ro	ad			IS RESIDENCE ON A FARM? 'ES NO X
3. NAME OF DECEASED (Type or print)	BARE		Middle M.		NCKE	4. DATE OF DEATH	Month Mav	h	Doy 31	Year 19 5 9
S. SEX	6. COLOR OR RACE		HED NEVER MARRIED		101	0	AGE (In years last birthdoy)		YEAR IF	UNDER 24 HRS.
Female  10a. USUAL OCCUPATION during most of wo At ho  13. FATHER'S NAME			KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH		or fareign cour	83 yrs.   aryland		EN OF V	WHAT COUNTRY
	enry Feick ER IN U. S. ARMED FOR	CES? 16.		. INFORMANT Mrs. Lil	Gross		Addre		D	- 1
PART 1. DE	immediate (	Se , Ol	re for (a), (b), and (c).] ronary occlusionary occlusionary desired age						abot	
Y T	(c	DITIONS C	CRIBE HOW INJURY OCCU	BUT NOT RELATED T				N IN PART 1	I(o) 19. \	was autopsy performed?
20c, TIME OF INJU Hour o. m. p. m.		While	NJURY OCCURRED 20e. Not while at work	PLACE OF INJURY factory, street, offi	(Home, form, ce bldg., etc.)	-	imore,	(Co	unty)	(Stote)
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIC REMOVAL (Specify Burial)	Ernest G.  ON. 22b. DATE THEREO June 3, 1	Mar	59, and that dec	M.D. 516	Cathe	M, from toposes (Street dral Street S	the causes are et, city or town, si t, Balt	imore	date	the decease stated above DATE SIGNE 6/1/55 (Stote)
23. FORTERAL DIRECTOR Ellsworth			ADDRESS		24a. REC'D	BAIT BY REGISTRA	-			land

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	a demonstration		Lachty	ECTAL SECTION	
		Sea Serve ASA		William Selling	

3403	Reg. Dist.	. No.
1. PLACE OF DEATH OF LATING MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
b. CMY OR TOWN (If outside corporate limits, write NURAL, and Sive nearest town)  CH + CN SV / LLE  3485	c. CITY OR TOWN (If outside corporate limits, write RURAL and give 52 0 A + 0 N S V I L L E	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	508 WILKINS ARE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) OBER O Middle	LKINSON 4. DATE Month OF DEATH MAY	Day Yeor
5. SEX  16. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED DIVORCED	75 JULY 1903 lost birthdoy) Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  LOPIST  TETRIL FLORIS:	STRY 11/BIRTHPLACE (State or foreign country) 12. CITIZ  HIGH LAU MA	EN OF WHAT COUNTRY
OLAN DER WILKINSON	14. MOTHER'S MAIDEN NAME DENA C. HELFRich	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? IVEN. no. offunknown)  (If yes, give wor or dates of service)  V/9-V6-4/38	FNA C. HOLDEN 16,0 C. 78 th A	2/
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ial infarction	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b)	minfficiency	
couse (o), stoting the under- lying couse lost.		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (Costory, street, office bldg., etc.)	unty) (Stote)
21. I certify that I attended the deceased from 18 man alive on 18 may 19 57, and that death	19.59, to 18 May, 19.59, that I law occurred at 6.00 M, from the causes and an the	st saw the decease
ACTUAL James & Rowe	ADDRESS (Street, city or town, state) M.D.	DATE SIGNE
PHYSICIAN'S NAME (Type) Games E. Rowe, Jr. M.D.	715 Frederick Rd. Catonsville	#28, Md.
220. BURIAL, CREMATION, 22b. DATE-THEREOF 22c/NAME OF CEMETERY OF NEW YORK HINE /	R CREMATORY  22d. LOCATION (City, town, or county)  HAK GEM  WOODLAWN	nal (Stote)
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS Practs SUPERIOR	DATE MAY 2 2 '59 Carling &	

avid be filed with ter death. Page 4 requires that the death certificate be executed within 24 hours moy be retained by the haspital ar attending physicion.

O FUNERAL: CIOR: After this certificate has been signed by the ottending physician and completely filled in the page 3 should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and the registrar prior to burial, crematian, or remayal, and in any event within 72 hour after death. ATTENDING PHYSICIAN: The law

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TO HOSPITAL OR moy be reta VS A15 (4) 15M 10/57

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your files. d of Health, ectar. Page ssary, please

ACAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pressible of the world "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer for provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board and a agent, priar to burial, crematian, or removal, and in any event within 72 hours after death.

or its designated agent, priar to burial, crematian, or removal, and in any event

### FIDA

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

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PERFORMEDTS   PERFORMENTS   PERFORMENTS   PERFORMEDTS   PERFORMENTS	3405 MEDICA	CE EXAMINER 3	CERTIFICA	L OI DEATH	Reg. Dist. No.	
Baltone  b. CITY OF TOWNS presented experience instructions, write BURAL  b. CITY OF TOWNS presented experience instructions, write BURAL  c. CITY OF TOWN (if certified compared filmits, write BURAL and give interest lighen)  Sparks  d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give lifeed oddress)  Duncan Hill Rd.  Sparks  d. State ADDESS  Duncan Hill Rd.  First  Middle  Lept  A. DATE  DOTCHARD  DOTCHARD  First  Middle  Lept  A. DATE  MORNIN  DOTATH  MAD  DOTATH  DOTATH  MAD  DOTATH	1. PLACE OF DEATH	2				ore odmission)
b. CITY OF TOWN (if outside carpeards limits, write RUPAL and give mearas (gam)  Sparks  Sparks  A NAME OF INSTITUTION (if not in hospital, give sitered oddress)  Duncan Hill Rd.  Sparks  Grade of Steel Roberts  First Williams  Sparks  6. COLOR OR RACE  ROBERT WILLIAMS  Sparks  Sparks  Duncan Hill Rd.  Sparks  Sparks  Duncan Hill Rd.  Sparks  Spark	Baltimore	MARYLAND		b. COUN	Relto	
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d. NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give sheef address)  Duncan Hill Rd.  3. NAME OF DUNCAN Hill Rd.  3. NAME OF OCCIDATON HILL Rd.  4. DATE OCCIDATON HILL Rd.  5. SEX		2 Monthe X	Spanke			
DUNCAN HILL Rd.    DUNCAN HILL Rd.   PUNCAN HILD		spital, give street address)				
DOCASSED (Type or prim)    James		V	Duncan H	ill Rd.		
S. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1. DATE OF BIRTH   1. DEC. [IN-your batch bindred]   1. DATE OF BIRTH   1. DEC. [IN-your batch bindred]   1. DIRTON (COUNTY)   1. DIRTON (C	3. NAME OF First	Middle	Lost	OK.		Yeor
No. USUAL OCCUPATION (Give lind of work done)   106. KIND OF BUSINESS OR INDUSTRY   11. BERTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTY TUCK DIVER   13. CATHERS MANDEN NAME   13. CATHERS MANDEN NAME   13. CATHERS MANDEN NAME   14. MOTHERS MANDEN NAME   14. MOTHERS MANDEN NAME   14. MOTHERS MANDEN NAME   14. MOTHERS MANDEN NAME   15. WAS DECRASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MADERS NAME   19. MOTHERS MANDEN NAME   17. OT 3.055   My rtle Jackson Sparks, Md.   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), (b), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), and (e).   18. CAUSE OF DEATH (Enter only one cours per line for (e), and (e).   18. CAUSE O				DEATH May	1.6	19 5
MOONED   DIVORCED   1/51/98   61 yr.	5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8. DA	ATE OF BIRTH	9. AGE (In years last birthday)		-
Truck Driver  Trucking Co. Va. U.S.A.  13. FATHER'S NAME  HATTY U.S. ABMOD FORCES?  15. WAS DEER SED EVER IN U. S. ABMOD FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  HYPERTENSIVE CARRIO VABCULAR DISEASE.  18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY:  HYPERTENSIVE CARRIO VABCULAR DISEASE.  ONSET AND BRAIN (ONSET AND BRAIN ONSET AND	M C WIDOWE	DIVORCED   I/	31/98	The state of the s		Hours Min.
Truck Driver    13. FAHER'S NAME   13. FAHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ABMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT   17. INFORMANT   Address   17. INFORMANT   INF	10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	WHAT COUNT
13. FATHER'S NAME		nicking Co.	Va.		TTSA	
15. WAS DECEASED VERRING U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT   Addre				IAME		•
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PERFORMEDT   PERFORMEDT   PRODUCT   PRODUCT   Provided   Provide		ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	NAL DISEASE CONDITION G	IVEN IN BART YOU TO	WAS AUTORS
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of twork of two twork of two twork of two	OL THE STORM SOUTH	OTTAIN TO DEATH DOT NOT	RESALES TO THE TERM	TAL DISEASE CONDITION O		PERFORMED?
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apinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE , Trance , M.D. CHIEF MEDICAL EXAMINER    EXAMINER'S NAME (Type) A. M. France DEPUTY MEDICAL EXAMINER    2720. BURIAL, CREMATION, 122b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)    Burial   5/19/59   Stephenson   Sparks   Balto   Co   Md    221. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   24b. REGISTRAR'S SIGNATURE    ADDRESS   24b. REGISTRAR'S SIGNATURE   ADDRESS   24b. REGISTRAR'S SIGNATURE   ADDRESS   24b. REGISTRAR'S SIGNATURE   ADDRESS   24b. REGISTRAR'S SIGNATURE   24b. REGISTRAR'S SIGNATURE   ADDRESS					•	
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ASSISTANT MEDICAL EXAMINER 5  SAME (Type) A. M. France  DEPUTY MEDICAL EXAMINER 5  5/17/59  270. BURIAL, CREMATION, Pack Date thereof Removal (Specify) 5/19/59  Stephenson Sparks Balto Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  1240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	apinian death resulted fram: Natural	causes 🔼 , Accident 🔲 ,	Suicide,	Hamic <b>ide</b> , Undet	termined manner	
ASSISTANT MEDICAL EXAMINER 5  S/17/59  270. BURIAL, CREMATION. PS. DATE THEREOF REMOVAL (Specify) 5/19/59  Stephenson Sparks. Balto. Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  L. L	1 12 7					DATE SIGNIED
EXAMINER'S NAME (Type) A.M. France  DEPUTY MEDICAL EXAMINER 5  5/17/59  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 5/19/59  Stephenson Sparks, Balto, Co. Md.  221. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE MAY 2 0 '59  Outland & Human	SIGNATURE 1 14 T	ence, "	.D. CHIEF MEDICAL EX	AMINER		DAIR SIGNED
270. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Semoval (Specify) 5/19/59 Stephenson Sparks. Balto. Co. Md. 22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 20'59 Oxford & Kinna	EYAMINED'S		ASSISTANT MEDIC	AL EXAMINER	-	177/50
REMOVAL (Specify) Burial 5/19/59 Stephenson Sparks. Balto. Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  APPL Callof St. Date MAY 2 0 '59  Carthur & Kinna	NAME (Type) A.M. France		DEPUTY MEDICAL	EXAMINER 15	5/	T1/98
Burial 5/19/59 Stephenson Sparks, Balto. Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE MAY 2 0 '59  Andless & Kinna		22c. NAME OF CEMETERY OR CRE	MATORY	22d. LOCATION (City, town	, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  246. REGISTRAR'S SIGNATURE  DATE MAY 2 0 '59  Outling & Kinna	- · · · · / - / - 0 / - 0	Stephenson		Sparks. Ba	lto. Co.	Md.
The state of the s	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'		AND THE RESERVE THE PARTY OF TH	The second second
	Atom & lobatman 4,-1701	Mi- Cullot	ST- DATE	MAY 2 0 '59	arthur & to	-mA
	- April Apri	Balto. m	d.	A	2.74	

execute the ficate, writing the word "pending" in pencil in Item 18. Give Pages 4 should be norwarded to the Chief Medical Examiner's Office along with form PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages TO DEPUTY A VS. A15ME 5M 2/57

e that also within 1988 which the color of t The same of the sa

completely filled in be funeral director, papers. Pages I and 2 should be filed with

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er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

LTOR: After this certificate has been signed by the attending physician and campletely filled in the detached far use as the burial-transit permit. Then please remays-carbon papers. Pages I and

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5407

CERTIFICATE OF DEATH

Ren Dist No

									weat Dist	. 140.	
1. PLACE OF DEATH o. COUNTY Baltimore			MAR	YLAND	2. USUAL RESID O. STATE Mary	land	here deceased	l lived. If instituti b. COUNTY	an: Residence	e befare adm	issian)
RURAL and give n	f outside carporate limi	ts, write	c. LENGTH OF STAY	( IN 1b	c. CITY OR T	OWN (If	autside carpoi	rate limits, write R	URAL and gi	ve negrest to	wn)
Fort Howa	ard		16 Days		Salt	Lsbur	y	2	212	2	J
OR INSTITUTION	AL (If not in hospital, g				d. STREET A					e. IS R	ESIDENCE A FARM?
Veterans	Administra	tion	Hospital		Pac	ific	Ave.Ch	esapeake	Hgts		No 🍱
3. NAME OF DECEASED (Type or print)	Fir PA	UL	Middle O.		WILLIAMS		4. DATE OF DEATH	May	th	Doy 27	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARR	IED 🔲	B. DATE OF BIRTH	4		9. AGE (In years		YEAR IF UN	
Male	White	WIDOW	- Land		March 2			56 yrs.	Manths D	Days Haur	s Min,
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	ar fareign co	ountry)	12. CITIZ	EN OF WHA	AT COUNTRY
Truck Drive			Frucking		Eldon	rado,	Maryl	and	U.	S. A.	•
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME				
Clayton Wil	lliams				Levini	ia Wi	lliams				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17, I	NFORMANTITS	La	vinia	William	ms (W1	fe)Sa	I.Md.
Yes	WW II	ervice)	213-14-69	27 C	lin.Rec.	.Vet.	Adm. Ho	spital F	t . Hows	rd. M	arvland
18. CAUSE OF DEA	ATH [Enter only one co	use per li								INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:									ONSET AN	IOWN
5211	DUE TO					973				CIVILL	N2113
Conditions, if a	ny, which ) (b	, PUI	LMONARY EM	PHYS	EMA OBSTE	RUCTT	VE TYP	F.		UNKI	UCEAFNI
gave rise to i	mmediate (	,					- 22 - 22			011111	103924
lying cause last.	(c	,								30.5	
O DO 2 XPART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
3 PULMONAL	RY TUBERCUL	OSIS	FAR ADVAN	CED .	ACTIVE						ORMED?
THE EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of	Finjury in	Part I or Part	II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yes	While	NJURY OCCURRED  Nat while at wark	20e. PL fo	ACE OF INJURY (I ctory, street, office	lome, farr bldg., etc	n, 20f. (City	or tawn)	(Co	iunty)	(State)
21. I certify th	at X attended the	deceas	ed from May		11, 19.59	to Ma	V	27, 19.59	XXXXX	XXXXXX	OXXXXX
CCXXXXXXXXXX	XXXXXXXXXXXX	XXXXX	COOX and that	death	accurred at	2:50	PM from	the course of	and on the	a data ata	tod about
	2 0		1)	dean	accorred at.	- J- J-25	ADDRESS (St	reet, city ar town,	state)	date sid	DATE SIGNE
ACTUAL SIGNATURE	Chu W. (	AL	Story		M.D. VAH.	TARTE					1/27/5
			100		M.U. 3125Ug. 2	EVILL.	AREO PROFE	9 TONING THE	W		4.6.17.23
PHYSICIAN'S NAME (Type)	OHN W. CRA	WFORI	, M. D.		VAH.	For	t Howa	rd, Mary	land	5	127/59
220. BURIAL, CREMATIO	N, 2211 DATE MEREC	F	22c. NAME OF CEN	HIERT Ø				ION (City, town, c		(5)	ale)
REMOVAL (Specify)	ma y		9 Memoria					alisbury		(3)	
23. FUNERAL DIRECTOR	S SIGNATURE	7	ADDRESS		1	240. REC	D BY REGISTI		TRAR'S SIGN	NATURE	
Holloway &	Co. Salis	. שינונו	Md.			DATE JU	JN 2 '5	9 a	Thun 8 :	trans	
Carried a street of	Jef Chule als hel	www.y.s	A ACCUSE						-		

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hadrs after death page 3 shauld be detached for use as the burial-transit permit. TO FUNERAL D TO HOSPITAL VS A15 (4) 1SM 10/S7

y the haspital ar attending physician.

1111 meet death of the period Last well on March 102 to went to be A. U. J. Unalguett ong mode N E. C. august 22250 albeity at • ing the greatest them, of the resolution

	he funeral directar,	should be filed with	(	THE STATE OF THE S	) ×
	DEUNERAL ACTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director.	page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	deoth.		$\overline{I}$
	he ottending physicion or	hen please remove carbo	the registrar priar ta burial, cremation, or removal, and in any event within 72 hours after death.		
diam physician	ote has been signed by t	buriol-transit permit. I	r removal, and in any ev		0
he the beanish or ottons	CTOR: After this certifice	e detoched for use as the	r ta burial, cremation, or		
man ha sail	D FUNERAL	page 3 should be	the registrar pria		1

after deoth. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

	3408	CERTITIO	AIL OI L		•		Reg. Dist.	No.	
1. PLACE OF DEATH  o. COUNTY  Bal	ltimore	MARYLAND	2. USUAL RESIL G. STATE Mar	vlan	nere deceased	lived. If institution b, COUNTY	Balti	before admi	ission)
	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	OWN (If o	outside corpore	ote limits, write RI			wn)
Luther Luther		life	X Lu	ther	ville				
OR INSTITUTION	AL (If not in hospital, give stre  V. Seminary		d. STREET A		Semina	arv Ave		ON	A FARM?
3. NAME OF	First	Middle	los		4. DATE	Man			Year
DECEASED (Type or print)	Anne Elizabe	th Wilson			OF DEATH		8-59	Day	19
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	44 44	5	P. AGE (In years last_birthday)	Months Do	YEAR IF UNI	-
female		WED DIVORCED	10-1-	-1-10-1-	3	35 81 yrs.			
during most of work	ing life, even if retired)	b. KIND OF BUSINESS OR INDU		land	or foreign cou	untry)		S.A	• COUNTRY?
13. FATHER'S NAME			14. MOTHER'S	MAIDEN	NAME				
Josey	oh Schofiel	.d	L Chile	??	???				
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. 1	NFORMANT	YU.		Addr	ess		74.5
no	in yes, give war or doller or service)	none	0.W. B	uck		abov	е		
Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	the <u>under-</u> DUE TO (c)	Uterrosefer	osis	THE TERM	NAA DISEASE				ALITOREY
OI PARI II. OIN		S CONTRIBUTING TO DEATH BUT					EN IN PAKI I	PERF YES [	ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   20b. D   CAUSE OF DEATH   MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture o	f injury in l	Part I or Port	Il of item 18.)			
ZOG. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.	Whi		ACE OF INJURY (I ctory, street, affice	Home, farm bldg., etc	20f. (City (	or town)	(Cou	inty)	(State)
21. 1 certify the alive on	at I attended the decendary 8	ased from and that death	0 , 1979 n occurred at		M from ADDRESS (SINGLE)	the causes a	nd an the		ted abave.
220. BURIAL, CREMATIO REMOVAL (SPETIFY)	N, 22b. DATE THEREOF 5-9-59	Prospect H			22d. LOCATI	ON (City, town, o	, Md.		ote)
23 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		240. REC'	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	ATURE	
I SIRT PEN	622 Yor	k Rd . Towson	4.Md.	DATE &	MAY 1 1 "	59 0	Ilua 8	4	

TO HOSPITAL moy be ret VS A15 (4) 15M 9/55

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	127 X 328	N. Sandari A.			

VS. A15ME(5) 5M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (15399

1. PLACE OF DEATH		518			E (Where deceased	l lived. If Institutions	Residence bef	ore admission)
	Baltimore		MARYLAND	o. STATE M.	aryland	b. COUNTY	Baltimo	ore
b. CITY OR TOWN (I	foutside corporate limits, write  Dunda	RURAL C. LEI	NGTH OF STAY IN 16	53 Dune	1 11	role limits, write RURA	L and give no	earest town)
d. NAME OF HOSPIT	7300 Dunma		ive street address)	d. STREET ADDRES	Holabir	d Avenue		e. IS RESIDENCE ON A FARM? YES NO C
3. NAME OF -DECEASED (Type or print)	Fin	RERT	Middle	Last	4. DATE OF	Month	Day	Year
5. SEX	6. COLOR OR RACE	- X	Lawrence NEVER MARRIED [] 8	DATE OF BIRTH	DEATH	May AGE (In years   IF Ut	20	1959 IF UNDER 24 HRS.
Male	White	WIDOWED [	DIVORCED	2-8-191	211	lest birthday) Mon		Hours Min.
Joreman	ON (Give kind of work on glife, even if retired)	Nat.	F BUSINESS OR INDUST	o. Parke	rsberg,	W. Va.	USA	WHAT COUNTRY?
13. FATHER'S NAME Robert U	lines			14. MOTHER'S MAIDE	N NAME 2			
	ER IN U. S. ARMED FOI	RCES? 16. SOCIAL	SECURITY NO. 17. II	FINNA NEORMANT		Address		-
(Yes, no, or unknown)	(If yes, give war or dates of	213-0	0 0 0 10 4	Irs. Dora	E. Wine		Holat	pird Ave
	TH [Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO		(b), ond (c). ] or Fossa D	ural Tumor.			INTER	VAL BETWEEN I AND DEATH
Conditions, if a gove rise to imme (o), stating the cause tast.	ny, which (b)							
PART II, OTI	HER SIGNIFICANT CON	DITIONS CONTRIBL	ITING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN IN		PERFORMED?
20a. EXTERNAL CAL PRIMARY Or CO CAUSE OF DEATH.	NTRIBUTING 🗆	DESCRIBE HOW	INJURY OCCURRED. (E	nter nature of injury in	Port I or Part II af	item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea		Not while focto	CE OF INJURY (Home, fory, street, office bldg.,	orm, elc.) 20f. (City or	town)	(County)	(Stote)
	fram: Natural	- //		ve, held an Auto	ide 🔲, Und	pectian [], Indetermined cause	quiry   ,	and find that
EXAMINER'S NAME (Type)	Paul F. G	uerin. M	D		DICAL EXAMINER [	<b>23</b>	5/	20/59
220. SURIAL, CREMATIC REMOVAL (Specify)	N. 226. DATE THEREO	9 22c. N	ame of cemetery or oreland Me	v 1	Bal	on (City, town, or countinore, /	11 /	(Stole)
23. FUNERAL DIRECTOR	0 0 1	11	DDRESS	1	EC'D BY REGISTRA			
Leonard	J. Ruck	305 Ha	rtord Road	2 #14 DATE	MAY 2 2 '59	Chille	7 S. There	A

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		atalical Aver			
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			wasung a. Parerr		
The part of the pa	o Pounter To	A. C. Salanta	3.60 May 10.65		
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				STATE OF THE STATE	

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VS A1S (4) 15M 10/S7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND	STATE D	EPARTMENT	OF HEALTH—BALTIMORE,	18
	•			

5400 CERTIFICATE OF DEATH

()5400

			A I I G					Keg. Dist.	No.
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (M. o. STATE Mary.	there deceased lived land	. If institution b. COUNTY	St. M	efore odmission)
RURAL and give n	4 7 7		c. LENGTH OF STAY IN		c. CITY OR TOWN (IF		mits, write RUS	RAL and give	nearest town)
	ISVILLE TAL (If not in hospital, gi				d. STREET ADDRESS			0 0=	e. IS RESIDENCE ON A FARM?
	ROVE STATE	НО	SPITAL		Lec	nardtown,	Md.		YES NO
3. NAME OF DECEASED (Type or print)	Fin Bert		Middle Mattin	ngly	Wise Lost	4. DATE OF DEATH	Month May	12	Day Year
s. sex female	2. 2 3	7. MARRI WIDOWE	DIVORCED		July 4. 188	9. AC		Manths Day	EAR IF UNDER 24 HR
10a. USUAL OCCUPATION during most of wor housewill	king life, even if refired)	ane 10b. 1	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State				S. A.
3. FATHER'S NAME					14. MOTHER'S MAIDEN				3: 15:00
	s Mattingly				Hortense	Hayden			
(Yes. no or unknown) unknown	ER IN U. S. ARMED FORG (If yes, give war or dates of se	rvice	social security no.		cords: SPR	NG GROVE	Addres STAT		SPITAL
Canditions, if c gave rise to i cause (a), stating lying cause last.	the <u>under-</u> DUE TO (c)				iosclerosis	MINAL DISEASE CON	IDITION GIVEN	N IN PART 1(c	a) 19. WAS AUTOPS
ICATE									PERFORMED?
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRED.	. (Enter nature of injury in	Part I ar Part II af	item 18.)	- 37	
20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Yea 19	While of work	Not while at work	foct	CE OF INJURY (Hame, far ory, street, affice bldg., et	m, 20f. (City ar ta		(Cour	
21. I certify the alive an	May 12	decease _, 1959 Vai			30, 19 59, ta occurred at 1:0 .D. SPRING	ADDRESS (Street, o	causes and	d an the	DATE SIGN
PHYSICIAN'S ST	tella Wachs	er,	M. D.		Catonsv	rille 28,	Maryla	nd	•
220. BURIAL, CREMATIC REMOVAL (Specify BURIA]	5/15/5	9	St. Alc	ERY OR		Leonar		county)	(State)
23. FUNERAL DIRECTOR	S SIGNATURE Maller	glas	Leman	-lt	7. 1	AY 1.5 '59	24b. REGISTS	RAR'S SIGNA	TURE

HARTITATE OF ARTHUR OF HEALTH HEALT WATER TO THE STATE OF A TO THE HTASO TO STADRINGO CO. C. ALLE OF THE PARTY OF THE PARTY

er death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05401

Orthur & Kraus

DATEMAY 1 3 '59

		5411	CERTIFICA	AIL OI	DLA			Reg. Dist	t. No.	~ ~ 1
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RE o. STATE		Where deceased	lived. If institut b. COUNTY		e before odmi	
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limi nearest town)	s, write c. LE	NGTH OF STAY IN 16		town (i		ate limits, write l	RURAL and gi	ive nearest tov	vn)
d. NAME OF HOSPI OR INSTITUTION	House 1				ADDRESS	Coolid	ge Aver	lue	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Ernest	st	Middle Clevela	100 20	ast 1tt	4. DATE OF DEATH	May	nth	Day	Year 19 5
s. sex male		7. MARRIED WIDOWED	NEVER MARRIED   DIVORCED	B. DATE OF BIL	RTH	1893	9. AGE (In years birthdoy) yrs.	TE LINIDED 1	YEAR IF UNE	DER 24 HR
Machines	ON (Give kind of work or king life, even if retired t		of Business or Indu Ldson Chei	n. Ly	nchb	urg, V	untry) irginia	The state of	S.	
3. FATHER'S NAME UNKNOWN	n			Ann:		NAME RI	uhling			
	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SOCIA	O7 7709	Mvrt1			Add	dress	ge Ave	
PART 1. DE/ 33/X Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-	Re Bu	ratind -	A CONTROLATED	YE TO THE TER	MINAL DISEASE	CONDITION GI	VEN IN PART	2 -2	27-5
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCURRE	D. (Enter noture	of injury i	in Port I or Part	II of item 18.)			] NO [
20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Yes	While 1	OCCURRED 20e. PI	ACE OF INJURY	(Home, fo	orm, 20f. (City of	ar tawn)	(Ce	ounty)	(Stote
21. I certify the alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the 5-10	deceased from 1959	am 12-2 , and that death		5, 10 or 11 1	A. fram	the causes of the cause of	and an th	e date stat	
	5/14/5		NAME OF CEMETERY C			- C. C - C - C - C - C - C - C - C - C -	ON (City, town,		(Sto	ote)
23. FUNERAL DIRECTOR	r's SIGNATURE H. Hubbar		ADDRESS Wilkens			C'D BY REGISTR	AR 24b. REG	STRAR'S SIGI	NATURE	

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		540 11 141			
	ge Averus	3901 Cooltd	the Pines	House in	
1	May 1	and July	Cleveland	Errien	
	50	ec. 18, 1895		white	9.[2.
.A .E .U	similari	Lynchburg, V	Davidson Chem.		acidnest
	anting	Annie E. 睳 R			Unioniau
idge Avenue	3901 600	rile E. Witt	215 07 7709 Mg		on
	100	AF ALL PA	1,000		
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100 × 100		Carlotte .			
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		mile of the forcing		and the	

Bur'sl 5/14/59 Mt. Olivet

Howard H. Hubbard #107 Wilkens Ave.

Baltimore, Pargland

CERTIFICATE OF DEATH

05402

		04.						Reg. Dis	t. No.		
1. PLACE OF DEATH	Pol timen				USUAL RESIDENCE	(Where deceos	ed lived. If institut		e before	e odmiss	ion)
	Baltimore		MARYLAN		Mary]	Land	D. COOI411		timo	re	
RURAL and give no		write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN		porate limits, write I				1)
	rerlea			2	Over]						
d. NAME OF HOSPIT	'AL (If not in haspital, giv	e street o	oddress)		d. STREET ADDRESS	S			e	. IS RES	FARM?
6	710 Beech	Ave.			6710	Beech	Ave.				NO
3. NAME OF DECEASED (Type or print)	First		Middle	*** 1	Lost	4. DATE OF DEATH	Mar	nth	Day		Year
5. SEX	Margar		В.		irna	DEATI	IV.	ay	5,		1959
	non .		ED INEVER MARRIED	]   B. D	ATE OF BIRTH		9. AGE (In years lost birthday)		Days	Hours	Min.
Female		VIDOWE		Ma	y 23, 189		67 yrs.		00,.	110013	741111
Oa. USUAL OCCUPATION during most of work	ON (Give kind of work do king life, even if retired)	ine 10b. 1	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (SI	tate ar foreign	country)	12. CITI	ZEN OF	WHAT	COUNT
Housewi			At Home		Rail t.i	more.	Md.		USA		
3. FATHER'S NAME				1.	. MOTHER'S MAIDE		1000		UDA		
Henr	v Schein					Charl	otto D.	20.00			
	R IN U. S. ARMED FORCE	S? 16. 9	SOCIAL SECURITY NO. 17	fNFO	RMANT	Charle	10.77	ner			
0.10	(If yes, give wor or dates of serv	ice)									
No			None	Uhar	les J. Wo	hrna	6710 Beec	h Ave.		_6_	
	TN [Enter anly one caus								INTER	T AND	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	C	erebral He	mor	rhage					hr.	DEATH
1331X	DUE TO										
Conditions, if a	ny, which )		Hypertensi	on					5	yrs	3.
gave rise to in	mmediate (										
lying cause lost.	ine under-		Arterioscl	ero	sis						
	(c)_ HER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DEATH E	UT NO	RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	VEN IN PART	1/01 19	WAS	AUTOPSY
ATI					10 112 12		SE COMBINOR OF	A PLA ILA ILVII	1(0)	PERFO	RMED?
O ACCIDENT WA	s un inserium to El	OL DECC	2005 110111 1111111 05511		411	1 4				YES [	NO 🗆
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	UB. DESC	RIBE HOW INJURY OCCUI	IKED. (E	nter nature at injury	in Part I or Pa	ert II of item IB.)				
20c. TIME OF INJUR Hour o. m.	Y Manth, Day, Year	20d. IN	JURY OCCURRED 20e.	PLACE	OF INJURY (Home, f	form.   20f. (Ci	ty or tawn)	ıc	ounty)		(Stote
Hour o. m.	19	While	Not while	factory,	street, affice bldg.,	etc.)		,,	,,		(3,0,0
₹ p. m.		at work									
21. I certify th	at I attended the a	iecease	d fram 4-27	-	, 19 <u>59</u> , ta	5-5-	19.59	that I I	ast sav	w the	deceas
alive an	1-27-	1125	9, and that dec	th ac	curred at 9	a . M. fro	m the causes	and an th	e date	e state	ed aba
	14		,				Street, city or town,				ATE SIGN
ACTUAL	X(	1	n. lan		1 W.	Overl	ea Ave.		5-	6-5	Q
SIGNATURE	-		July 1	M.D.			00 22 10			0-0	
PHYSICIAN'S DI	. Richard	R	Rigler		Relt	imore	, 6, Md.				
No. BURIAL, CREMATIO	N. 22b. DATE THEREOF	-	22c. NAME OF CEMETERY	OR CP	EMATORY.	224 100	ATION (City, town,	or county)		164	
REMOVAL (Specify)				-				or county)		(State	2)
			Baltin	nore			timore,	Md.			
FUNERAL DIRECTOR	SIGNATURE		ADDRESS		2.4	EC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATURE		
Ensakwater	ural rome	0	7401 Dela16	fre	DATE	MAY 7	59 C	thung &	4		

ter death. Page 4 may be retained by the haspital or attending physician.

D FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the following forestar, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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TO HOSPITAL OR may be reta VS A15 (4) 15M 10/57

	ET CARDA PEDA ET ET DEPARTMENT OF HEALTH BACKET NORTH FOR								
	A DEATH	SERT CERTIFICA							
	<b>以</b> 为 所谓								
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in a second		THE PLANE	a store and the						

VS. A15ME(5) 5M 9/55

## 5412

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (15403

	1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  a. STATE Maryland b. COUNTY Baltimore							
b. CI	b. CITY OR TOWN (If outside corporate limit, write RURAL and give neorest (gwn) Reisterstown		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL of Owings Mills					and give nearest town)				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Nicodemus Rd.						d. STREET ADDRESS Cedamere Road						e, IS RESIDENCE ON A FARM? YES NO		
	NE OF ASED or print)	Will		Middle D.	t de	Wolf	1	OF DEATH	Mont	h	Doy 11		9 59	
5. SEX	Male	6. COLOR OR RACE White	7. MARRIE	DEVER MARRIED DIVORCED		July 2	1,189		AGE (In years lost birthday) OU yrs.	Months (		UNDI	ER 24 HRS. Min.	
10a. USI	UAL OCCUPATION	N (Give kind of work	dane 10b. K	IND OF BUSINESS OR	INDUSTI		Mary]		ntry)	12. CITIZ	US US		COUNTRY?	
13. FAT	HER'S NAME					14. MOTHER'S	MAIDEN NA	ME						
)	Jacol	W. Wolf					Sar	ah A.	Kreid	ller				
	S DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO.	17. IN	FORMANT		-	Address					
No	ot unknown)	Ilf yes, give war ar dates of NO	service) 2	18-32-4548	Mr	s. Lou	ise E	.Wolf	Owin	ngs M	1113	3.	Md.	
18.	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Gunshot wound of neck													
1	OC : /													
1	78/X DUE TO													
	Canditians, if any, which gave rise to Immediate couse													
	(a), stating the underlying DUE TO cause last.													
				NTRIBUTING TO DEATH	H BUT N	OT RELATED TO	THE TERMIN	IAL DISEASE C	ONDITION GIV	EN IN PART	1(0) 19.	WAS A	AUTOPSY	
CATIO												PERFO	NO	
WEDICAL 10	TIME OF INJUR	Y Month, Day, Yes		NJURY OCCURRED 2	De. PLAC	E OF INJURY (H	ome, farm,	20f. (City or	town)	(Cau	nly)		(State)	
¥ 10	Hour a.m.	5/11 19	59 While		10010	Road	unag., unc.,	0		Bal to	imor	Э	Md.	
		ot I took charge	of the r	emains described	dabov	e, held an	Autopsy	K, Ins	pection [],	Inquir	/ Π, ·	ond f	find that	
de	ath resulted	from: Notural	couses [	], Accident [],	Suic	ide 🔲 , H	omicide	🛣, Und	etermined o	ouse 🗌				
AC	SIGNATURE (Charles & Fetty M.D. CHIEF MEDICAL EXAMINER )										IGNED			
EXAMINER'S NAME (Type) Charles S. Petty, M.D. DEPUTY MEDICAL EXAMINER									XI .		5	/12	/59	
	ME (Type)	N, 22b. DATE THEREC												
REA	NOVAL (Specify)			22c. NAME OF CEMETE			1		N (City, tawn,			(State	)	
	ERAL DIRECTOR'S		* Tag	9 Druid F	riag		240 PEC'D	BY REGISTRA	cesvil:	LS STRAR'S SIG		vid.		
J.F			Reist	erstown, N	id.			v 1 4 '59		31KAR 3 310				

TEACHTUB TASK He life tot person there entry the Sarat A. Mreitter AN ALLEY MATER ALONG FOR MINE WAS TO THE the state of the state of the proper state and the state of the state The sales of adalas const. Se and the sales See St. First Park I to Auras

# HEALTH DEPT

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irector. Page irector. Page ir your files. Bard of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the fifted, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funer, 4 should be worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, priar to burial, crematian, or removal, and in any event within 72 hours after death.

## 5413

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

105404

	Keg. Dist. 140.							
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
Baltimore MARYLAND	o. STATE Maryalnd b. COUNTY Baltimore							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
sparks 25 yrs.	X Sparks							
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitat, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM YES NO							
NAME OF First Irvin Middle OFCEASED (Type or print) Clarence, Woodward	tost 4. DATE Month Day Yeor OF DEATH May 26 1959							
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HR							
male whitek WIDOWED DIVORCED	7-30-1897 61 Months Days Hours Min.							
0a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  Supervisor tool mfg.	IRY 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTR  U.S.A.							
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Wm. D. Woodward	Lydia Christ							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If 17.	NFORMANT Address Lillian W. Woodward above							
	Lillian W. Woodward above							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: Congestive hea	rt lallure							
154 x DUE TO								
(D)	the rectum with metastases.							
gove rise to immediate couse (a), stating the underlying DUE TO								
couse lost.								
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (EXTERNARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (EXTERNARY OF CONTRIBUTING TO DEATH BUT NO CON	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?  YES NO 1							
	Enter nature of injury in Port I or Port II of item 18.)							
20c. TIME OF INJURY Month, Doy, Yeor 20d, INJURY OCCURRED 20e. PLA: Hour o. m. White Not white facts p. m. 19 et work ot work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (Caunty) (State)							
21. I certify that I took charge of the remains described abo	ove, held an Autopsy . Inspection . Inquiry . and in my							
opinion death resulted from: Natural causes 22, Accident								
SIGNATURE G.M. France	M.D. CHIEF MEDICAL EXAMINER  DATE SIGNED							
EXAMINER'S A.M.France	ASSISTANT MEDICAL EXAMINER (1)  DEPUTY MEDICAL EXAMINER (2)  5/26/59							
20. BURIAL CREMATION, 22b. DATE THEREOF PROVAL (Specify) 22c. NAME OF CEMETERY OR BURIAL 5-29-59 Dul. Valley								
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
Brooks Funeral Service, Towson 4,	Md. DATHUN 1 '59 arthur S. Krous							

TO HOSPITAL OF

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	05405
D' . A.	

5414 CERTIFICATE OF DEATH

Reg. Dist. No.

	i. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     a. STATE Maryland b. COUNTY							
ľ	RUPAL and give mearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
ø	Carous ATTIE	8yr8mth22dys	Baltimore 3 V 01 - 4							
	d. NAME OF HOSPITAL (If not in haspital, give street at OR INSTITUTION	ddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
4	SPRING GROVE STATE HOSP	I TAL	1733 East Lombard Street YES NO							
	3. NAME OF First DECEASED (Type or print) Jo seph	Middle	Zack  4. DATE Month Day Year OF DEATH MAY 19 19 59							
	5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	male white WIDOWED	DIVORCED [	May 23, 1883   last birthdoy)   Manths Days Haurs Min.							
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1aborer	IND OF BUSINESS OR INDUS	USTRY 11. BIRTHPLACE (Stote or foreign country)  Poland  12. CITIZEN OF WHAT COUNTRY? Poland							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
	Unknown		Unknown							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	INFORMANT Address							
	UNKNOWN (If yes, give wor or dates of service)	nkn own Re	Records: SPRING GROVE STATE HOSPITAL							
	DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-tying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO	eneralized ar	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ED. (Enter noture of injury in Port I or Port II of item 18.)							
		_ Not while for	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.) (City ar tawn) (County) (State)							
	21. I certify that I attended the decease alive an May 19 , 19 55  ACTUAL SIGNATURE Spella Wachsler, PHYSICIAN'S NAME (Type) Stella Wachsler,	e, and that death	May 19, 19, 59, that I last saw the deceased haccurred at 5:25a, M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. SPRING GROVE STATE HOSPITAL 5-19-59  Caton sville 28, Mary land							
	220. BURIAL, CREMATION 22b. DATE THEREOF REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE  Trad  3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	22c. NAME OF CEMETERY OF ADDRESS L- 1.930 Jan	DE CREMATORY 22d. LOCATION (City. town, or county) (State)  Leart of Mary Dattimore  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  25c. PATE MAY 2 1 '59 Orillary & Trans							

2011 5 P.S. MIARC SO STADRITASO A PAR SHAMBAR

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GAN ESCAN A S	NEW YORK SARANAN AND SARAN	
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er death. Page 4

the haspital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by the OR: After this certificate has been signed by the attending physician and campleter. Phon nlease remove carban perpers. eoth. may be retormed by the haspital or attending physician.

TO FUNERAL CLANCTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remave carban the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after permit in the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after permit in the registrar prior to burial.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hau

TO HOSPITAL VS A15 (4) 15M 10/57

	5	416	CERT	IFIC	ATE OF D	EATH	1		Reg. Dist.		407
1. PLACE OF DEA'	Baltimore		MAR	YLAND	2. USUAL RESID	Mary]	ere deceased liv	ed. If institutio b. COUNTY			ision)
b. CITY OR TOV	NN (If outside corporate limite nearest town) ESSEX	its, write	c. LENGTH OF STA	Y IN 1b		Esses	utside corporote	limits, write RL	JRAL and give	nearest tow	m)
d. NAME OF H OR INSTITUT	OSPITAL (If not in hospital. 10N 601 Mary				d. STREET AD		arylano	l Avenue	e	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	HENRY	rst	Middl		ZALOSKI		4. DATE OF DEATH	May	h 2	Poy 4	Yeor 19 59
5. SEX Male	6. COLOR OR RACE White	WIDOWE	DIVORC	ED 🔲	Nov. 30,	1869		89 yrs.	Manths Day		
Retir		done 10b. I	KIND OF BUSINESS	OR INDU	Rust	sia		וער	U.S	of WHAT	COUNTRY
13. FATHER'S NAM	?				14. MOTHER'S A	MAIDEN N	AME				
15. WAS DECEASE (Yes, no, or unknown)	D EVER IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16. S	SOCIAL SECURITY N	100	nformant 's. Margai	ret B	usse 6	Addre Ol Mary		venue	
PART I.	F DEATH [Enter only one or DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO if ony, which )	, C/	e for (o), (b), and (c ARDIAC TERIO-	D	ECOM				C	NTERVAL BI	ETWEEN DEATH
	to immediate bring the under-	21	SEASO	15						2)	IRS
3 52		YPO	CHRON	II C	NOT RELATED TO T			NDITION GIVE	N IN PART 1(o	PERFC	AUTOPSY ORMED?
	T WAS UNDERLYING TING CAUSE OF DEATH DELIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter noture of	injury in Po	ort I or Port II o	if item 18.)			
Hour o	. m. 19	While of work		fo	ACE OF INJURY IHO ctory, street, office I	bldg., etc.)			(Coun		(Stote)
21. I certificative on ACTUAL SIGNATURE	y that I attended the	decease , 195	d from OUA 2, and the	/E	6 , 1957, accurred at !	1 PL	M, from the DORESS (Street,	e Causes ar	nd an the o	saw the date state	decease ed abov ATE SIGNE
PHYSICIAN'S NAME (Type)	JOSEPH 1						MOR		1 , /	40	
Burial (Spe	May 27,	1959			t of Mary	7		ore Cou	nty, Ma	(Sioi irylan	
23. FUNERAL DIRECT	Zeiler Inc.	1901	ADDRESS Eastern	Aven			BY REGISTRAR		hun & th		

The second second second second second owner & Har Proposition and Apple The ST. A. TARBUILDE DE PARTE DE TRES ANTE AND AND THE RESERVE OF THE PROPERTY OF THE PRO ACCOUNT OF THE PARTY OF THE PAR Manager of them I appoint the little of the To Deleville Deliber of the Res AND A COLLOS OF A CONTRACTOR OF THE STATE OF